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T H E

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MORBUS ADDISONII.

BY C. G. RAUE, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

In a treatise "*On the constitutional and local effects of disease of the suprarenal capsules*," published in May, 1855, we find the first attempt made by Dr. THOMAS ADDISON to ascribe a certain *peculiar discoloration of the skin to a diseased state of the suprarenal capsules*.

The suprarenal capsules are located at the upper portion of the kidneys. In the fœtus they are larger than the kidneys; at birth they are about one-third less in size than the kidneys, and in later years they become still smaller. We know nothing at all of their functions. Addison's statement was, therefore, looked upon with considerable suspicion when he proclaimed that a diseased state of these capsules was the cause of remarkable changes in the whole organism, and of even fatal consequences. The complex of these changes he pronounced to be: *anæmia; general weakness and debility; remarkably weak pulsation of the heart; irritability of the stomach, and a peculiar discoloration of the skin*, analogous to that which takes place around the nipples and on the linea mediana during pregnancy. This last symptom has given rise to

the name of *bronzed skin*. Physiologists now tried to find out the functions of these obscure organs; and Brown-Séquard undertook to prove, by experiments, that they were indispensable to animal life. His opinions, however, were soon after thoroughly refuted by Harley's experiments. Still, the fact that this peculiar discoloration of the skin indeed, coexists with a diseased state of the suprarenal capsules, was confirmed by the observations of numerous physicians near and far; and although Auerbeck, who has written the most elaborate treatise on this subject, acknowledges that diseased suprarenal capsules may, and do, exist without any discoloration of the skin, yet the frequency of this combination makes it probable that the bronzed skin and the diseased capsules stand, if not in a casual, at least in a conditional relation; although this relation has not yet been explained. Some think that the cause of Addison's disease must be looked for in a diseased state of the sympathetic nerve and of the ganglionic system. F. F. Schmidt came to this opinion in consequence of Quekett, and later Boogard, having found this nerve in an atrophied condition in persons who had died with this disease. This view was adopted by Oppolzer, Bamberger, and many others; even Addison himself, and other English authors (Hutchinson, Harley), had already hinted at an affection of the sympathetic in this disease; and Dr. Habersham says, that "the more fully the disease is known, the more completely will it be traced to the sympathetic nerve." This view seems to be corroborated also by an observation of Dr. A. D. Rockwell, who relates a case of Addison's disease in the *Physician and Pharmaceutist*, March, 1869. In treating this case by general electrization, and placing the negative electrode at the pit of the stomach and the positive on the neck, a little above the seventh cervical vertebra, it produced invariably a distressing nausea, which, however, become rapidly less marked as the patient gained strength under the influence of electrization, until at last even a most powerful cur-



rent could be applied without causing this symptom. In health the same method of application never produces this phenomenon. The semilunar ganglion and solar plexus, and also the pneumogastric and phrenic nerves supply nervous filaments to the capsules. The unusual action of even a mild current on the sympathetic nerve, in producing nausea, therefore tends to strengthen the opinion above stated.

Auerbeck considered Addison's disease as a constitutional disorder, which, although regularly associated with a chronic inflammation of the suprarenal capsules, consists, in its real nature, in a specific anæmia, which always terminates fatally, and which is characterized by an abnormal formation of pigment in the cells of the rete Malpighii and the epithelia of the mucous membrane of the buccal cavity. Dr. J. Payr thinks that as the suprarenal capsules are diseased long before any skin symptoms make their appearance, it might be possible that just such a specific inflammation would finally bring on all those symptoms which are known as morbus Addisonii. And as there are reasons for believing that this inflammation of the capsules is an analogue of the destructive cheesy inflammatory process in the lungs as described by Virchow, it might well be supposed that the whole morbid process is a peculiar disturbance of the nutrition of the whole organism, resulting, in the course of time, in an alteration in the functions of the sympathetic and of the large abdominal ganglia, thus finally causing anæmia, asthenia, and the abnormal formation of pigment.

*The pathologico-anatomical changes of the suprarenal capsules* consist in a chronic inflammation, which, at first, causes these organs to swell to about twice their normal size, in consequence of an albumino-fibrinous exudation. This state is followed by a process of softening and fatty degeneration, which finally terminates in atrophy of the capsules. Sometimes the softened masses are absorbed, leaving calcareous deposits, which, like tubercles, may be

come enveloped by connecting tissue; whilst at other times the inflammatory process runs acutely to a fatal termination, under typhoid or pyæmic symptoms. In accordance with these variations, the disease takes either a shorter or a longer course—from three to five months to as many or more years. In most cases we find both capsules involved in the morbid process.

*The discoloration of the skin and mucous membrane of the mouth* consists in a deposition of a yellow-brown or brownish-black pigment in the rete Malpighii, entirely analogous to that in the skin of the negro. The cutis remains entirely free from such deposit.

*Accumulation of fat* is frequently met with in the diseased bodies. Even if other portions of the body are emaciated, fat is generally found in the abdominal walls.

*Ecchymoses in the stomach; swelling of the solitary follicles and of Peyer's plaques, and infiltration of the mesenteric glands,* are not so constant symptoms of the disease.

As far as is known, Addison's disease attacks only the Caucasian race, of both sexes, but more frequently males than females, and all ages, though more frequently persons between the ages of fifteen and forty-five years.

The course of the disease may be divided into two stages. Its *first stage* develops itself quite slowly, and its symptoms are frequently overlooked, as they consist merely in a sensation of general malaise. Sometimes, however, it sets in in the form of an acute gastro-intestinal catarrh, with nausea, vomiting, and diarrhoea, and the concomitant symptoms of bronchial catarrh, jaundice, and severe headache, lasting from four to fourteen days. All this leaves the patient greatly prostrated, but the hope of rallying soon is not fulfilled. On the contrary the extreme debility continues and with it is associated that quite characteristic *anæmia*, and the gradual discoloration of the skin. The *anæmia* differs from that of chlorosis in its not producing any palpitation of the heart, or systolic murmurs, or venous surring. The action of the heart, though regular,

is, nevertheless, very weak, and the pulse small and weak, but not much accelerated, at least not until towards the end of the disease. Respiration remains nearly normal. The *discoloration* of the skin develops itself most perspicuously in the uncovered parts of the body, such as the face and hands, and on the feet, and on those parts which contain naturally more pigment, such as the sexual organs, nipples, and axillæ. This discoloration, however, is not sharply circumscribed in these places, but diffuses itself gradually over the surface of the whole body. Sometimes darker spots are seen in the face, and exceptionally there remains spots of a natural color between or in the midst of this general discoloration. As characteristic of the disease, a spotted appearance of the palms of the hands and the soles of the feet is mentioned by Niemeyer.

The color varies from a mere dark shade, as if sunburnt, to a brown color. It might, therefore, be confounded with jaundice, if it were not that the white of the eyes remains entirely unaltered, and even assumes a pearly lustre. Some patients appear as dark as mulattos, and in rare cases even the hair turns to a darker shade. Notwithstanding this progressing discoloration, the skin remains pliable, without dryness, brittleness, or desquamation. Besides the discoloration of the external skin, we observe dark pigmentary spots also upon the mucous membrane of the buccal cavity.

As anæmia and discoloration increase, so set in and increase gradually, asthenia, headache, vertigo, sounds in the ears, dimness of sight, loss of wonted intellectual activity, fainting, coldness of the extremities, frequent nausea and vomiting, pain and weakness in the loins, which makes even sitting or standing painful, and inclines the patient to a stooping position. In this way the disease approaches its *second stage*, which generally runs a quick course. We observe rapid loss of strength, marasmus, diarrhoea, frequent and violent vomiting or hicoughing, delirium, coma, jerking of limbs, convulsions, death. In some cases,



however, the patient perishes from sheer exhaustion, without any of these violent symptoms. It ought to be remembered, that the progress of the disease is not in all cases a steady one; there have been observed in some cases long periods of seeming improvement, but so far as we know, all have terminated fatal. According to Auerbeck's observations, very acute cases run their course in from six to seven months, whilst chronic cases lasted as long as seven years.

Addison's disease is frequently complicated with pulmonary tuberculosis and chronic inflammatory processes.

Its *treatment* by the old school has consisted principally in the application of quinia and iron, preparations of iodide of potassium, and electricity. The case of Dr. A. D. Rockwell, above referred to, had decidedly improved under the application of the Faraday current, "but in regard to the bronzing of the skin the change is not as yet very marked."

Our homœopathic literature contains, so far as I know, none but the following therapeutic hints, given by Dr. J. Payr, in the *A. H. Z.*, vol. 80, p. 5.

*Bell.*, in all acute cases, with pain in the small of the back and in the loins; sensitiveness of the epigastrium and hypochondria, vomiting, coldness of the extremities, and great weakness; as the sequel of circumscribed or diffuse inflammation in the suprarenal region.

*Calc. c.*, if after *Bell.* the acute state has passed away; muscular debility, uneasiness, and lassitude; sallowness, yellow color of the face; headache, vertigo, growing dark before the eyes, fainting, sleeplessness; coldness of the extremities; apathy and depression of mind, aversion to work; anorexia and bulimy, nausea, vomiting, gastrodynia, sensitiveness to pressure in the epigastrium and abdomen, constipation; pressing pain in the kidneys and loins; muscular twitchings, clonic spasms and epileptic paroxysms; its known action upon chronic glandular disorders.

*Natr. m.* when nutrition is greatly impaired; tension and heat in the region of the kidneys; earthy, yellow color of the face; brown spots upon the back of the hands; excessive prostration of mind and body, with trembling of the legs; darkness before the eyes; nausea, vomiting, pressing and screwing pain in the stomach; want of appetite; loathing of meat; constipation; pain in the hypochondria and abdomen; aversion to motion and labor; frequent yawning and stretching, with sleepiness, without being able to sleep; coldness of the extremities; prevailing depression of mind, with spells of irritableness and crossness; vertigo on rising from bed and on trying to walk, with faintishness; sensation as after an epileptic fit. Inhalations and baths of Chlor-natrium have proved very beneficial in various localizations of the albuminous crisis, which, in fact, never comes to full development in laborers in saline works.

*Iodium*, darker color of the skin; with a sensation of heat, the skin turns brown, grows parchment-like, peels off and shows underneath the loosened scales a fatty transpiration; thickening of the epidermis; sudden turning of the yellowish color into brown, as if smoked; excessive weakness and debility; muscular weakness and trembling; sadness and depression of spirits; mental torpor; dulness and pain in the head; vertigo; nausea; violent, continuous vomiting; violent, excruciating pain in the stomach; constipation; frequent attacks of gastralgia; drawing and pressing in the region of the kidneys; twitchings; convulsions; epilepsy; paralysis; the formerly yellow face turns brown; red hair turns to a chestnut-brown. Depraved nutrition and its special action upon the glandular system seem to indicate Iodium quite especially in this disease.

*Oleum jecoris aselli* ought likewise to be considered, as it belongs to the Iodine group.

*Cinch.*, yellow, cachectic color of the skin; debility and relaxation of mind and body; aversion to any exertion;

irritability with excessive debility of the nervous system ; coldness and trembling of the extremities ; darkness before the eyes ; purring in the ears ; fainting spells ; disturbed sleep ; loathing ; anorexia ; vomiting ; pain in the stomach and bowels, with constipation and diarrhœa ; dull piercing pain in the region of the kidneys ; all symptoms of a *hydræmic*, rather than an *albuminous* crasis. In a complication with malaria, however, Cinch. will undoubtedly act favorably. The same may be said of *Chin. sulph.* and *Chin. ars.*

*Ferrum*, high degree of weakness and muscular paralysis ; tremors ; sleeplessness ; headache ; vertigo ; earthy, yellow color of the face ; constant nausea ; vomiting ; pressing and cramping pain in the stomach ; constipation, &c. These symptoms indicate Iron for the anæmia and asthenia of Addison's disease, although *Iodide of iron* might be preferable.

*Phosphorus*, period of evolution, or after excesses in venery. Sickly, yellow color of the face, with sunken features and eyes ; brownish, dark spots on different parts of the body ; tiredness and sudden exhaustion with fainting ; icy coldness of the extremities with trembling ; frequent stretching and yawning ; headache ; vertigo ; sleeplessness ; downheartedness and irritability ; illusions of sight and hearing ; loss of appetite alternating with bulimy ; burning, cutting, and pressing in the stomach, nausea and vomiting ; pains in the hypochondria and abdomen with constipation or diarrhœa ; feeling of weakness and lameness in the small of the back ; weakness in the extremities ; twitchings and spasms.

*Cupr.*, *Lyc.* and *Carb. veg.* ought also to be carefully considered.

*Argentum nitr.* shows more than any other remedy a discoloration of the skin and a specific action upon the vagus and sympatheticus. Yet this discoloration has its seat only in the epithelial layer, whilst in Addison's disease the pigment is deposited in the rete Malpighii. So also



are its symptoms of the stomach a consequence of its corrosive influence upon the mucous membrane, whereas in Addison's disease not a trace of morbid changes can be found in these membranes. Its tendency is rather to hydremic than anæmic conditions. Still, now and then, it might be indicated in this disease.

*Arsenicum hydrogenizatum* is not less problematic, as the discoloration which it causes is only the consequence of a sudden paralysis of the vasomotor nerves. Still, it produces a number of symptoms which might well suggest its application now and then in this disease.

To these therapeutic hints of Dr. J. Payr, of Wurzburg, I might add:

*Kali carb.* If potassa salts cause paresis of the heart-muscle, *Kali carb.* would correspond well to the remarkable weak pulsations of the heart. Besides, we find, among its symptoms, headaches, vertigo, fainting, great weariness and depression of strength, pain in the small of the back, jerkings in the limbs, spasmodic fits, dark spots on the skin, &c.

*Sepia*, complete discouragement; heavy flow of ideas; dulness; cloudiness of the head; vertigo; headache; vanishing of sight; noises in the ears; aversion to all food, especially meat; nausea and vomiting; pains, pressure, cramps in the stomach; pains in the hypochondria; diarrhœa and constipation; pain and painful weariness in the small of the back; weakness of the small of the back in walking; fainting and great weakness; yellow and brown spots on the skin: all of which symptoms correspond with those of an early period of the disease.

*Sulphur*, despondency; slowness of mind and body, not disposed to any kind of labor; weary and faint all the time; faint and low-spirited; *walks stooping*; pains of all sorts in the small of the back; nausea; vomiting; pressure, pains and spasms in the stomach and bowels; tremors, spasms, epileptic fits; dark and brown spots on the skin: all of which symptoms, and many more, might be col-

lected, decidedly pointing to the above-described disease, in almost all its stages.

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## VACCINE VIRUS.

BY ISAAC LEFEVRE, M.D.

In several numbers of the fifth volume of the "*Monthly*," I have observed articles on vaccination and the vaccine virus. The repeated references to this subject at once attest the importance attached to it. In the number for February last, an article was published from the pen of J. P. Dake, M.D., in which, according to my judgment, untenable positions are assumed, and false deduction based upon what to me appears a sandy foundation. I write not from a spirit of captiousness, but actuated by the same motive which induced Dr. Dake to pen his communication—to elicit the truth, "to gain, rather than impart farther light."

It has been my lot—I might say very fortunately, too,—to have seen but a limited number of cases of small-pox. My observations, however, lead me to form conclusions directly the reverse of those stated by Dr. Dake; for all the cases of small-pox which occurred to me in practice, or those which I knew of in the practice of neighboring physicians, occurred in warm weather. In my reading, the same conclusions were arrived at, that small-pox prevailed more extensively during the summer and autumnal months, or during the warmer weather of the winter months, and ceased, if not entirely, at least to a very great degree, upon the recurrence of cold weather. Dr. Dake, it is true, speaks of the "strength of the contagion;" and how are we to form an opinion of this strength? I would suppose that we can justly judge thereof, by the number of cases which occur, as also by the violence of their type. Adopting this principle as the basis of con-

clusions, my reading and observation lead me to the belief that the strength of the contagion is *not* "inversely as the heat of the weather, &c."

The consequence, which the Doctor tells us occurred to the vaccine matter which he dissolved in water and carried in his pocket, was only what the teachings of chemistry would lead us to expect, and should not have been "unlooked for." We are taught that the tendency of all solutions of organic matter, whether animal or vegetable, unless highly concentrated, is to putrefaction; and, when the requisite conditions are present it will ultimately and inevitably ensue, unless measures are taken to prevent it. One of the early steps in this process is fermentation, which was what Dr. D. informs us took place from the heat in his pocket and the air in the bottle—the very requisites to bring it about. This fermentation destroyed the vitality of the virus, and it will destroy any vegetable or animal matter subjected to it, provided the process is not arrested; for it will end in putrefaction, which would soon have occurred to the solution in the Doctor's bottle. It was *not* the *heat*, according to my judgment, which destroyed the efficiency of the virus; but the solution being in the vial, air also being present, needed only heat to *induce fermentation*, and *this* was what destroyed it, as is admitted in the course of the communication.

Now, this "bit of unlooked for experience" does not prove that heat will destroy, or that cold will preserve or increase "the strength of the contagion" of vaccine virus, or its "analogue." Those who have devoted much thought to the subject, when speaking of the means to be used to preserve vaccine virus, uniformly enjoin that it be *cool*; and this to avoid fermentation and putrefaction. A low degree of cold, or a high degree of heat, will destroy the efficiency of the virus, and hence the statement made by Dr. Morgan, and to which many others who were in similar positions in the army will subscribe, is strictly in accordance with facts.



Dr. Dake comes to the conclusion that "the contagion, the matter communicated from one person to another, is subject to fermentation and consequent destruction:" and from this fact he sees proof that the molecules observed in vaccine virus are mere "cysts of *unorganized* matter." If so, then there is nothing but inert matter in the virus; no principle which can reproduce itself in any way, or originate a disease at all similar to that which furnished the matter experimented with. It is very true that inert matter will produce disturbance and very serious results. A bullet or a sword are entirely inert of themselves; they are composed of unorganized molecules and cannot reproduce anything like themselves, though they can and do cause much harm if used in certain ways. How is it with vaccine virus? Does it not reproduce itself, by developing a disease *sui generis*, whenever a proper subject is presented? And is not this result attained by the development of that plastic force which is inherent to the ultimate cells of all organized matter, and which can only ensue where there is organic life? If there are no "sporules" or other form of organic matter in vaccine virus, how can there be that development which we see following the introduction of a very minute quantity of it into the system of a person who has never been subjected to its influence? Or, how can there be even fermentation? That there are organic molecules in vaccine virus is proved by a single consideration.

Two crusts are before us—and upon a careful examination no difference can be perceived between them. A person who has never been subjected to the influence of the virus, but whose system can be readily affected thereby, presents himself. One of the crusts is selected; and with a portion of it, the operation of vaccination is performed: but no such result follows as is expected and desired. The operation is repeated, and with no better success. What is the conclusion? That the matter used is inert. Why? Because its vitality was, in some way destroyed—by heat,

by cold, by fermentation, perhaps—its power of reproduction was lost—there was *no organic particle* in it—it really contained *only* “cysts of unorganized matter.” The other crust is used, and the vaccine disease is regularly and fully developed. Why? Because here we have a principle which was not contained in the first matter used: we have organic matter, capable of reproducing or multiplying itself—and the result is a fresh supply of the very principle with which we operated.

There are some other points in the article of Dr. Dake which might be noticed and which I had intended to refer to: but this communication has become so much longer than I expected, that for the present at least, I will conclude.

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## HEPAR IN SEQUELÆ OF SCARLATINA.

BY DR. W. SIEGEL. (Hom. Klinik, Feb. 15, 1870.)

1. H. M., 12 years old, attacked with scarlatina, was left without medical treatment, as other members of the family recovered easily from the same disease; but anasarca and ascites set in at the usual time, with urinary suppression; and examination showed the small quantity of urine to contain large quantities of albumen. Hellebore and Apis failed to relieve. Convulsions set in, with stupefaction; he answered with difficulty that his sight was dim, it felt as if a veil hung before his eyes; after the convulsions vomiting set in, extremities and scrotum greatly swollen, temperature cool, pulse full and a little accelerated. R. Hepar<sup>2</sup>, a few grains every hour. Steadily given in lengthened intervals, it removed every symptom in about a week.

2. G. H., 8 years old, scarlatina set in with fever, angina, and slight cerebral symptoms. His father died a short time ago from phthisis tuberculosa, and the child was of a scrofulous habit. The fever remained moderate, appetite small, tongue coated. After 12 days anasarca and œdema scroti set in, but the disease never reached a

high degree, as *Hepar sulph.* was given from the very first onset of the sequela. The remaining debility needed ferr. met. and cod-liver oil for its removal.

3. C. S., 13 years old, suffered in the spring from articular rheumatism, for which he had taken iodide of potash. Scarlatina passed off favorably, and fully recovered, he went to school again, and nursed later his little sister, when down with the disease. Six weeks after his recovery he complained suddenly of articular pains, which yielded again to the same remedy. A week later I was suddenly called to the boy, lying in severe convulsions. Oedema of the face, with some anasarca, had been observed by the parents already three days ago; also that this swelling was preceded by a general redness of the skin. Was this a relapse or not? Are the convulsions sequelæ of the articular affection? The child died the same night, and I was sorry that I was not called sooner to prove the remedial power of *Hepar*.

4. A. S., his sister, had fever for four weeks, with moderate angina. During its further course parotitis developed itself, followed by inflammation of the joints, especially of the finger and hand. Bell., Rhus., Puls., and Kali hyd. were successively given for its removal, only to be followed by hydropic manifestations on the skin, with meningeal irritation. *Hepar sulph.*<sup>2</sup> steadily given, removed the threatening symptoms quickly, and my little patient enjoys full health to-day.

5. O. E., 3 years old, was attacked with cerebral symptoms, followed by severe scarlatina and parotitis. Restlessness day and night; the mouth could not be opened, eyes injected and half open, continuous fever, involuntary evacuations, temperature low. Warm fomentations aided apparently the advancing suppuration, but the danger of cerebral irritation was imminent, as the child threw itself about unconsciously. After trying in vain bell. sulph. rhus. apis, I took my recourse to *Hepar*, especially as also dysuria had set in, and success crowned our efforts; the parotitis decreased, and a small abscess formed under the chin; all other dangerous symptoms disappeared, dropsy was kept off, although the child showed one morning some puffing under the lower eyelids. Convalescence was slow, but may be fully credited to the *Hepar*, as his little brother had died under the same course of the disease.



I coincide fully with the remarks of Dr. Siegel. *Hepar*, brought forward by Kafka for these dangerous sequelæ of the scarlatinous poison, has also in my practice shown itself curative not only in dropsy, but for all those sequelæ of the scarlatinous poison, which render convalescence so slow, and even snatch our patients sometimes from us after we had fully hoped that the worst was over. Kafka says, vol. ii, p. 371: "The croupous inflammation of the nasal mucous membrane, so frequent in the stage of pro-ruption and efflorescence, is quickest removed by *Hepar*<sup>1</sup>, a few doses daily; simultaneous swelling of the parotid and submaxillary glands; simultaneous visible decrease of the urinary secretion, with traces of albumen or cylindrical tubulæ, are all farther indication for *Hepar*." Page 374: "The scarlatinous dropsy is based on a croupous nephritis with albuminuria, excretion of fibrinous cylinders and blood-globules, with greatly decreased secretion of urine; or, it is caused by anæmia reconvalescentium, where the urine is copiously secreted, but pale, watery, muddy, and deficient in urea. By the use of *Hepar*, when during efflorescence the secretion of urine becomes diminished and the examination shows albumen, fibrinous cylinders, and blood-globules in the urine, there being neither pain in the kidneys nor severe fever, dropsy is kept off, the albumen diminishes, the urine is more copiously secreted, and the patients reconvalesce far quicker; but even when dropsy has fully developed itself with albuminuria, no remedy acts quicker and with more certainty than *Hepar*<sup>2</sup>; only, when the disease is complicated with a high grade of anæmia, it will be necessary to consider *Arsenicum*<sup>3</sup>, which is indicated after the albuminuria is reduced, but the patient feels still very weak and exhausted, with frequent fainting fits, unquenchable thirst, and dyspepsia: for some of these symptoms China might also come into play."—S. LILIENTHAL, M.D.

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HINTS TO MEDICAL MEN.—Never enter a sick-room in a moment of perspiration, as the moment you become cool your pores absorb. Do not approach contagious diseases with an empty stomach, nor sit between the sick and the fire. You may save yourselves a spell of sickness by observing these rules.

## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

*Operations for Radical Cure of Femoral Hernia.*—In a certain proportion of cases we have a recurrence of femoral hernia after the operation for the relief of strangulation. In order to avoid, on the one hand, strangulation, and, on the other, a return of the hernia after an operation, I have carried out successfully the following plan, embodied in the two following cases, and which is original so far as I am aware. May 18, 1870, was called to see Mrs. W., æt. 64, suffering with strangulated femoral hernia of the right side. The hernia was of two years' standing, unusually large, and the parts much swollen; the woman's general condition, her age and malady, had caused a relaxed condition of her general system, which was rather unfavorable to adhesive inflammation. The coverings were exposed and divided in the usual manner, and the stricture relieved by incising Gimbernat's ligament. The loop of intestine was then made free from attachments and replaced in the abdomen. As I had frequently observed, in former cases, that the knuckle of gut is held against or opposite the opening by intestinal adhesions within the abdomen, I ran my finger in the abdomen and discovered a similar condition in this case, which was overcome by carefully withdrawing the loop again through the opening with one hand and breaking up the adhesions for some inches with the forefinger of the other, the intestine being replaced and pushed away from the opening.

The parts were then brought loosely together by sutures and a pad applied. By the third day the immediate inflammatory effects of the incisions had subsided. The stitches were then removed and the opening thoroughly exposed by widely separating the skin and coverings.

It was observed that, although there was a free passage

for the admission of the finger into the abdomen through the funnel-shaped seat of the hernia, yet the parts naturally came in apposition at the abdominal entrance. The lips of the wound and coverings were permanently held apart, and granulations encouraged by exciting inflammation in the wound, so as to form a firm plug or artificial truss. The points of attachment of the effused lymph were, around the opening, crest of the pubis, and filling up the line of incision for about three inches, so abundant had granulations become; and partly from their false adhesions it was with a little difficulty that the flaps could be brought together.

During the process of cure the patient was kept in bed, and bowels moved frequently. The woman, since the 20th of June, has been able to perform her accustomed work with a feeling of security and firmness—something she has not experienced for years. A hard ridge of lymph is felt along the line of incision and occupies the seat of stricture, no artificial support being used.

June 6th, 1870. The same operation as the preceding was performed on Mrs. M., aged 40, who suffered at times from considerable inconvenience from a small irreducible hernia in the right groin. Taxis had been frequently resorted to without causing reduction, and there was no strangulation at the time of operation. It is worthy of note that the application of a truss would always relieve, by keeping the intestine in a manner emptied of its contents, and as she found herself incapable of walking without it, I advised an operation with a view to its radical cure. On exposing the hernia, its walls were found firmly attached by fibrous bands to the surrounding fascia. These were separated and the same plan followed as in the preceding case; the result being entirely successful and more speedily, as she was a stronger and younger woman. On the 1st of July she walked a distance of  $1\frac{1}{2}$  miles without resort to a bandage, truss, or any support whatever.



*Internal Hæmorrhoids.*

April 25th, 1870, I saw Mrs. E., aged 37, who was confined to bed and suffering from piles, which bled at times very profusely. She had been ailing off and on in this way for many years, and had frequently bled to exhaustion, losing sometimes a quart of blood. Lately the internal tumors were increasing in size, and the hemorrhage recurring more frequently. They were found to be numerous, pressing on each other, and their surfaces in a state of ulceration. As the medicines given by her physician had only relieved, they were removed by strangulation, being dragged down by the volsellum, transfixed through the base by a double ligature and firmly tied. Warm fomentations being applied, they came away by the 12th day. During convalescence the woman received Apis for her condition, and up to this time has had no return of the bleeding. Her bowels are moved with an entirely different and unobstructed sensation in the rectum.

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## CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M.D.

CASE 1. Mrs. A., of Delaware, called on me a few weeks since, complaining of what she termed *dyspepsia*. Upon asking her to relate her symptoms in the order of their severity as it seemed to her, she replied, that a feeling of emptiness or goneness in her stomach discomforted her more than anything else, but she thought it of no account, as she vomited all her food soon after taking it, and she would naturally feel emptiness and goneness from want of food. I desired her to state merely facts, and I would draw my own conclusions. She replied: "It is a fact that I vomit nearly all my food; I have a *painful sensation of emptiness in my stomach all the time; my sleep is broken and*

*does not refresh me ; my bowels are very costive, the stools being knotty and very difficult, and they have scarcely been moved for two years without an injection, and I do not think they would be moved now at all without an injection ; my urine is cloudy and offensive, and a hard crust settles, that it is difficult to scrape from the vessel ; I am very weak and miserable, have spent over two hundred dollars during the past two years for medicine, and despair of becoming any better ; but I was compelled by my husband to consult you."*

I always prescribe *sepia* when a train of symptoms like the above in italics occur in a single case. In this case I gave the patient a few pellets of *Sep. 55<sup>m</sup>*, dry on her tongue, and three packages containing twelve powders each of *sac. lac.* ; one to be taken every night ; and enjoined upon her that she should on *no account* resort to any more injections or other measures for the relief of her bowels, or of other symptoms, and to report to me in forty days. She thought she would not live to see me again if she were to leave off taking injections.

A few days ago she reported that she had not vomited since seeing me, her bowels had become regular very soon, and that she had no need of injections ; indeed, she said, she got well so fast her husband was frightened. He was coming to the city that day on business, and he wished her to come and ask particularly what had been the matter, as she had been *so sick so long*, and now had gotten *so well so soon*. He did not understand it.

*Sepia 55<sup>m</sup>*, a single dose, always produces similar results in similar cases, if plenty of time is allowed the single dose to act. I do not give my experience hastily, nor base it on a single case. I only delineate my path where it has been well trodden, that others may follow it in safety.

CASE 2. Two months since a married lady consulted me in regard of her health. She was *weak and unhappy, particularly in the morning, when she would feel on awaking, friendless, forsaken, and very unhappy. The same symptoms would occur if she chanced to waken during the*

night. Had a poor appetite, *bowels very costive*, with a *feeling of constriction of the anus*, so much so that for months she had not attempted to defecate without the aid of an injection; *urine scanty and dark-colored*. She had many other symptoms, but the above were the most important. She attributed these sufferings to *domestic troubles*. The above italicized symptoms always turn my thoughts to *lachesis*; *particularly the mental symptoms*. I gave her a single dose of lachesis 4<sup>m</sup>, in my office, and charged her to take no more injections, nor in any way to interfere with the treatment. In about two weeks the unhappiness had greatly improved; the bowels had become regular; and in about six weeks from the first and only dose of lach. 4<sup>m</sup>, she reported herself quite well in all respects.

CASE 3. June 12th, was called to see a little boy 18 months old. Found him restless; must be carried all the time to keep him quiet; very sleepless day and night, would sleep only in short naps. He had a *disagreeable filthy smell about him all the time*, though great effort was made to keep him clean by frequent bathing and changing of dress. Could not keep milk on his stomach but a short time; it would be rejected sour and in curds. Weak beef-tea or water could be retained. His stools were of a *pale, brown fluid, smelling like rotten eggs*. He was getting *very weak*. The italicized symptoms reminded me of *psorinum* more than of any other remedy. I gave psorinum 42<sup>m</sup>, a single dose only, in the morning. He slept well the following night, the next day the bowels were better, and the bad smell about his body was lessened. On the next day still improving; bowels well; no more bad smell from his body; resumed his milk diet and has been well since. But a single dose of psorinum, as above, was given, and no other remedy.

CASE 4. May 19th, visited a little boy about 9 years old, and found him in the following condition: *Urine nearly suppressed, but passed in small quantities* once in twenty-four hours. Stools dark-brown, fluid, and passed



involuntarily; delirious much of the time; lies on his back with his knees drawn up; complains much of the back of his head; pulse 120 and hard; *breath very fetid*; bores his nose very much; *nostrils raw and bloody*; *picks his lips much, they are raw and bloody, even into the corners of the mouth*; picks his skin in places, making it raw and bloody when he bores into it with much force, and he seems vexed that he cannot bore it deeper, on account of the pain it seems to give him; he seems very intent in his efforts to bore and pick the raw surfaces. The *italicized* symptoms directed attention at once to *Arum triphyllum*, which was given in water, in the 20<sup>m</sup> dilution, every two, four, or six hours, as it might seem necessary. Next day he was better and the medicine was discontinued. After two days it was found necessary to repeat a few doses as before. He continued to improve, in all respects, finely under this treatment, till the 31st of May, when there were no indications left for *Arum*, but as there were passed considerable quantities of red sand with the urine, one dose of *Lycop.* 6<sup>m</sup> was given. On the 14th of June, one dose of *Lyc.* 100<sup>m</sup> was given, and to-day (June 25th) he is perfectly well and romping about in the country.

CASE 5. March 25th, visited a little girl about ten years old, and found her in the following condition: Perfectly delirious day and night; cannot be roused to consciousness even for a short time; urine and feces are passed involuntarily, in bed; had, while she could express herself, much pain in the occiput, and down the spine; *is very restless, particularly every night after midnight, but there is a marked degree of restlessness constantly, and much distress*; *the breath is cold, and the skin is cold and clammy*; *the lips, teeth, and tongue,—so much of it as could be seen—were dry, black, and covered with sordes*. She took a little water from a spoon frequently, or would occasionally suck a wet rag. It seemed like a hopeless case, but our conclusion, drawn from the italicized symptoms, was that *Ars.* 8<sup>m</sup> would do good if anything could. It was accordingly given in

water, every one, two, three, or four hours, as it seemed best to the nurse, in accordance with instructions given her. In the morning I found the child somewhat better. The medicine was thereupon discontinued, to be administered as before, if she got decidedly worse. She became worse before next day, and repeating the medicine brought no relief. Ars. 15<sup>m</sup> was now given, as at first, and prompt relief followed, and continued several days, and purple spots, with pus in their tips, came out on back and hips. She became worse again, in spite of the medicine, when Ars. 40<sup>m</sup> was had recourse to, and completed the cure. She is now (June 25th), fat and perfectly well. In every improvement, medicine was withheld, and repeated when it seemed necessary.

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## HYDRATE OF CHLORAL.

A PROVING, AND ITS APPLICATION TO SURGERY.

BY W. EGGERT, M.D.

IN the fall of 1869, I was summoned to see Mrs. B. F. H., a lady 48 years of age, of slim, spare habits, and nervo-bilious temperament; mother of three children, only one living. She had been suffering for six weeks from dysentery in its worst form, and was then given up to die by her allopathic attendants. She made, under strictly homœopathic treatment, a slow but good recovery, and only two symptoms, paralysis of the rectum and bladder, seemed to be the remaining remnants of past afflictions. I prescribed a number of remedies for her, but all in vain; she remained unable to retain the fæces and the urine.

Suspecting that something else might be wrong, I requested an examination of the genitals, which was granted; upon which I discovered, to my surprise, a complete rupture of the perineum, extending from the vagina to the rectum. This injury she received during her last confinement, some ten years before. The cause of the inability

to retain the excrements was thus explained; the office of the physician was for the present not required, and the surgeon had to assume his place. I applied the T-bandage, armed with a good compress, which gave her great comfort; and earnestly requested her to let me perform the necessary operation. With great reluctance she consented. I was promised that she would have it done as soon as she could get the nurse she wanted. At last, on the 6th of May, 1870, I was called. Meanwhile my friend, Dr. J. R. Haynes, formerly of Cincinnati, having moved to this city, I requested his assistance.

Everything being ready, I administered chloroform after the bowels had been well evacuated and opium given to confine them. But we soon found out that our patient could not bear the chloroform. She vomited considerable blood, and her thin pale face was all aglow, so that we had to abandon its use. Not to be thwarted, we cauterized the parts, and by the use of the ether spray we effected a quilled suture. Although we had used silver wire, considerable sloughing ensued, and in ten or twelve days we became convinced that our efforts had resulted in a total failure. Not willing to abandon the case, I proposed to let our patient rest for some days, as her menstrual term was at hand, and then to put her under the influence of *hydrate of chloral*, to see if union could be effected by the first intention. By thus doing we obtained a proving of this crystal, which may be useful to physicians as well as to surgeons.

Mrs. H. had passed through her menstrual term as well as usual, when we, five or six days after, on the 22d of May, at 2.50 P.M., administered thirty grains of chloral in one ounce of water, the pulse being 76, respiratory organs and heart's action normal. This dose was given merely as preparatory, and in order to discover how much she would require to effect complete anæsthesia. Fifteen minutes after, the pulse ran up to 88, when she dropped into a quiet sleep, lasting about one hour. When she



awoke, she complained of a slight headache, and was somewhat restless for half an hour, after which she dropped again into a quiet, natural, and refreshing sleep.

May 23d, 11 A.M. Took fifty-five grains of chloral, the pulse being 80.

11.06. Pulse 100 ; lies quiet ; is gaping.

11.15. Pulse 100 ; sleeps quiet ; is snoring.

11.20. Pulse 100 ; sleeps quiet ; is snoring ; face flushed ; still sensible to touch.

11.25. Symptoms the same, with the exception that she has become restless.

11.35. Pulse 92 ; slightly restless ; flinches when pinched hard.

11.40. Pulse 88 ; sleep natural ; face natural.

12. Symptoms remain the same ; flinches still when pinched hard.

12.20. Pulse still 88 ; slight restlessness.

12.30. Symptoms the same ; flinches after a tight pinch.

12.40. Pulse 88 ; remained such during the remainder of the proving ; restless.

12.50. Slight retching. Gave opium.

12.55. Restless ; muttering ; retching ceased.

1.10. Restless ; muttering ; talking about dead friends.

1.15. Awake ; quiet ; talks rationally ; tendency to drop to sleep again.

1.35. Sleeps again, with restless muttering.

2. Quiet sleep.

3. Awake ; quiet in mind, with violent crampy pains in her lower limbs, particularly through the knees and ankles, which passed off in about twenty minutes.

4. Quiet ; talks rationally.

6. Quiet ; longing for food.

May 24th. 9 A.M. Had a good night's rest ; no headache ; menses appeared again during night, tolerably profuse and of bright red color.

6 P.M. Quiet all day ; rather lively ; menses nearly disappeared.

May 25th. 6 P.M. Quiet all day ; pulse 88 ; some menstrual discharge in the morning.

May 26th. 10 A.M. Some menstrual discharge again this morning.

2 P.M. Pulse 88. *Took seventy-two grains of chloral.*

2.05. Pulse 80 ; quiet ; face natural.

2.15. Pulse 100; sleeps; face commenced to flush up bright red.

2.20. Pulse 120; sleeps with snoring; face flushed of darker hue.

2.25. Pulse 108; sleep; snoring; quiet; face flushed dark red.

2.30. Symptoms the same, but is getting restless.

2.35. The same, but quiet again.

2.40. Dr. Haynes commenced to operate; perfectly unconscious; not a flinch responds to the strongest pinch; she is carried from the bed to the table; during the operation she screams now and then, and is very restless; retching; foam at the mouth; turns pale; temperature of the skin natural; pupils dilated; during the whole operation the left leg was spasmodically stretched, the right being perfectly relaxed and easily flexed.

2.45. Pulse 90; symptoms the same; the whole body extremely relaxed, except the left leg.

2.55. The operation is completed; she still remains unconscious; talks quietly but incoherently; retching commenced.

3. Pulse 108; retching worse; gave her opium tincture, four drops, dissolved in a teaspoonful of water.

3.05. Pulse 100; retching still; is getting conscious for a short time; talks rationally; wants her artificial teeth taken out.

3.10. Pulse 102; unconscious again; talks incoherently.

3.15. Pulse 92; retching worse again; another dose of opium was given.

3.30. Pulse 90; retching still; restless; muttering of a religious character; opium again.

3.45. Pulse 88; restless; face natural.

4.15. Fully awake; otherwise, the same.

4.30. The same; talks naturally.

4.45. Pulse 88; quiet sleep.

8.30. Pulse 88; awake; slight restlessness; some headache in the frontal region; she assures us that she had not felt the slightest pain, in fact, does not remember anything whatever that had happened to her.

May 27th. 9 A.M. Passed a tolerably fair night; pulse 88; slight pain in the wound, with considerable pain in the bladder.

Here the proving ends. Conditions which appeared

afterwards, having been caused by traumatic lesions, yielded readily to Arnica 6, and our patient made a fine recovery

In conclusion, a few words more and I have done. The observer will have noticed the remarkable resemblance between the symptoms produced by chloral, and those produced by chloroform; hence the theory that both agents are of an identical nature is, I believe, not entirely without foundation. In both, also, the troublesome symptoms are readily controlled by opium.

Chloral, in my humble opinion, will never become a valuable addition to the homœopathic *Materia Medica*, for I do not think it exerts directly any curative power whatever; it will palliate, and nothing more. But to the surgeon it becomes the more valuable. It is easier to administer than chloroform; once given in a sufficient dose, and the patient does not require the constant attention as demanded under the administration of chloroform; hence for many operations we can dispense with our assistants, which must be a great relief to the many lonely country practitioners of our school.

The anæsthesia produced by both is alike profound, but still the action of chloral with regard to complete anæsthesia cannot be continued as long as with chloroform, nor is the anæsthesia produced as quickly. It will do well for all operations not lasting more than half an hour, and they are, thanks to the advanced skill of our surgeons, greatly in the majority. In cases where an operation will take up more time than this, we will still have to resort to chloroform or ether, or both. How applicable chloral will be in obstetrics, I am not prepared to say. Although I am by no means an advocate for the use of chloroform in parturition, still I know that in some exceptional cases and under certain circumstances it will be demanded. As soon as opportunity offers, I shall try chloral and report.

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## HYDRATE OF CHLORAL.

AN EXPERIMENTAL CASE.

BY C. S. MIDDLETON, M.D.

M. S. M., a lady aged 62 years, suffering with an incurable disease, is subject to great pain and nervousness at night, which prevents sleep.

Coff., Cham., Hyos., etc., afforded relief for a time. Have prescribed morphia in small quantities. One-eighth of a grain in an ounce of water; a teaspoonful, repeated once or twice, gives the greatest amount of relief through sleep, which has often been very satisfactory. Dreading the increasing demand for morphia that invariably follows the continuous use of the drug, I determined to try the effects of the much-vaunted Hydrate of Chloral.

I found a somewhat *unlimited* limitation recommended (from five to sixty grains at a dose, and in one case, one hundred and twenty grains had been administered at one time).

I had a preparation made, containing two grains to the drachm; of this the patient got a teaspoonful every hour. The effect was transient; about twelve grs. were taken in all during this first night.

The following night, a preparation of five grains to the drachm was administered in the same way as upon the previous occasion, with no better effect. The next night *two* teaspoonfuls of the same prescription were given every hour (ten grains), without producing any better effect than before. In fact she spent a very restless night indeed. She took fifty grains during the night.

I considered it useless to experiment further, as the drug was of no service to the patient. A drug so uncertain in its effects cannot become very useful, while, on the other hand, it may be very injurious when administered in such massive doses through some cumulative property not yet discovered.\*

\* It is possible that our correspondent procured an impure and worthless preparation, as a good article of chloral hydrat produces its characteristic hypnotic effect very promptly and satisfactorily.—Ed. H. M.

FRAGMENTARY PROVING OF COLOCYNTH 2<sup>c</sup>.

BY CAROLINE LE BEAU, M.D.

*1st day.* Took in the morning when rising three small globules, perfectly ignorant as to what remedy or what dilution I was proving. Had no symptoms until about 11 o'clock, when there was a sudden and severe feeling of nausea, lasting about five minutes, and going off as suddenly as it came. Took three more globules at noon, and experienced no unusual feelings until 4 o'clock P.M., when I was seized with intense contractive twisting pains in the bowels, immediately about the umbilicus, afterwards spreading over the whole upper part of the abdomen, leaving the lower portion wholly free from pain. This lasted about an hour, when there was a copious evacuation of the bowels and immediate relief from pain, which was, however, only temporary, as the pain soon came on again, followed by a mushy stool, with relief; this again was succeeded by a third paroxysm, another discharge, and more or less relief all through the night, although it left a great soreness around the anus and surrounding parts. The stools were dark green, thin, but not watery.

*2d day.* By morning, the abdomen felt caved in, a weak empty feeling of the stomach, not much inclination to eat. Could not account for all this commotion, as the diet had not been changed in the least for a week past, and only two meals taken a day, as usual; thought I would not take any globules this day, as I felt myself no fit subject for proving in that condition, but would wait until all had passed off, almost scouting the idea, that six little sugar-drops, only three at a time, taken six hours apart, could have anything to do with all this suffering. Went about my business as usual until 4 o'clock P.M., when the same abdominal pains, with the same results as the day previous, came on again, keeping up all evening, chasing me out of bed twice that night and early the next morning. By this time my appetite was all gone, had empty eructa-

tions; felt faint, tired, and weak, but the bowels were, on the

3d day, free from pain until 4 o'clock P.M., when the same abdominal symptoms came on, very much abated, however, in every respect, and lasting only during the evening. This state of things kept up for six days, wearing off gradually, so that in a week I again felt perfectly well.

To my utter surprise, I learned, that all this commotion was caused by six little infinitesimal globules, moistened with the two hundredth dilution of colocynth.

Skeptics! Prove and you will doubt no longer!

[*Dr. Sarah Ferguson*, not very sensitive to the action of remedies, proved the same dilution at the same time, but failed to get any symptoms. I wanted some uterine symptoms, but failed in both provers. Remarkable is the intermittent character shown in the above proving.] S. L.

## KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from Vol. V, p. 368.)

### *Carbo Animalis.*

As a general introduction to the use of this remedy, it may be stated that we should always think of it in persons of *scrofulous* or *venous constitutions*, in all cases of *hypertrophy*, and in *glandular enlargements*, becoming indurated, particularly if attended with lancinating or cutting pains.

In constitutions like the above, the indication for this remedy is strengthened if the patient be unable to lift reasonable weights without suffering therefrom, as though from a strain.

The *mental symptoms* incline mostly to sadness and melancholy; taciturnity.

*Vertigo* and confusion, as one assumes a sitting or an



erect posture; being greatly relieved or entirely dissipated on reclining.

The *head* for the most part feels heavy, or there is a sensation of heaviness about it. The pains in the head are mostly tearing, sometimes stitching or boring. A sensation in the vertex "as if the skull had been blown to pieces or was open," is very characteristic of this medicine. Sensation, during motion, as though the brain were loose.

Dimness of *vision*, and feeling of weakness of the *eyes*; stitches and smarting in the eyes.

Ichorous discharge from the *ears*; swelling of the *parotid gland*, with lancinating or cutting pain; confusion of *hearing*; it is difficult to tell from whence the sounds proceed; ringing in the ears when blowing the nose.

The tip of the *nose* is red and painful—often swollen, chapped, and burning—has little pimples or boils inside; hard bluish *tumor* on the *end of the nose*; *bleeding of the nose every morning*, or bleeding of the nose succeeding a feeling of dulness or pressure in the head; dry coryza; cannot breathe through the nostrils in the morning on waking, nor until after rising.

Numerous pimples in the *face* of scrofulous young persons, without sensation; shooting and stitches in the malar bone, particularly on the left side, and running towards the ears; vesicles on the lips.

The pain in the *teeth* is generally of a drawing nature; *great looseness of the teeth*, with *sensitiveness* on chewing.

The tip or edges of the *tongue* have burning vesicles thereon; the mouth and tongue feel immovable, so as to produce slow and drawling speech; knotty indurations in the substance of the tongue; excrescences in the mouth, resembling aphthæ.

Scraping, sore, or burning sensation, extending from the *pharynx* to stomach, somewhat like heartburn, which is better after eating.

Bitter *taste* every morning, which passes off after rising; *the act of taking food causes considerable fatigue*; the small-

est quantity of food causes distress and burning in the stomach; nausea of pregnant women, which usually comes on at night; a faint, empty, "gone" feeling in the stomach, developed in nursing women (a dose or two of the 2<sup>nd</sup>, on the tongue, will remove this feeling, and greatly benefit the health of the mother while she is nursing); meat cannot be taken, as it causes nausea and indigestion; sensation as of a load or weight in the stomach on awaking in the morning.

Violent aching, amounting almost to a cutting, in the region of the *liver*, even while lying down; much stitching and lancination in the abdomen, often relieved by micturition, defecation, or passage of flatus.

The *stools* are usually hard, scanty, in pieces, and difficult, defecation often being accompanied with pain in the back, or with a feeling across the abdomen as though there were no expulsive power there. The *varices* often burn during walking. A viscid humor oozes out of the rectum, or is found on the perineum, behind the scrotum. Stitches in the rectum and anus, which feel sore.

Increased desire to urinate, day and night; the quantity is rather increased; fetid urine; the stream is sometimes interrupted. *Carbo animalis* frequently proves valuable in the treatment of *seminal emissions*, when indicated.

Induration of the neck of the *uterus*; the appearance of the menses causes a *great sense of fatigue*; burning or biting *leucorrhœa*, which often leaves a yellow stain on the linen; "the *lochia* are too thin, and smell badly;" dartings in the *mammæ* of nursing women; *uterine hæmorrhage* in delicate women, with affections of the glands.

*Cough* excited by a tickling in the right side of the chest, or by lying on the right side; green *expectoration*; the right side of the *chest* is most affected. Other things being equal, *Carbo an.* is one of our most valuable medicines for pulmonary inflammation.

In many cases of *pleurisy* which do not get well promptly but linger, especially if attended with a livid appearance

of the skin, emaciation, hectic fever, or typhoid symptoms. In such cases *Carbo an.* 2<sup>c</sup> or 10<sup>m</sup> will often change the whole condition and bring on rapid convalescence. Think of this remedy when pleurisy is complicated with bronchitis.

The *hands* and *fingers* readily "go to sleep," particularly where there is induration of the axillary glands; numbness of the hands and fingers accompanying some chest affections.

Painful contraction of the *tendo Achillis*; pains in the heels, the heels feel sore; pain in the calves when walking; the *arms* are painful to the touch.

Scarcely ever *sleeps* quietly and well.

(To be continued.)

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(Written for the Hahnemannian Monthly.)

## ENCEPHALON.

BY DR. DULCAMARA.

"The Brain secretes thought as the liver does bile."

PROFESSOR CARL VOGT.

THE crude materials man partakes as food  
 Course through each artery on waves of blood,  
 Convey unto the brain the wondrous power  
 To paint a picture, or construct a tower,  
 Build castles in the air and on the land,  
 That play in fancy or on matter stand;  
 Launch airy visions on poetic breeze,  
 Or palaces that float upon the seas.  
 At each pulsation crowds the liquid life,  
 (With elements of reconstruction rife,)   
 Into the web of vesicles and threads,  
 Replacing old exploded cells, and shreds  
 Of ruined thought; the new materials force  
 New intellect out of the god-like source;  
 Squeeze out the normal product of the brain,  
 As surcharged clouds distil their drops of rain.

In the control of this cerebral scheme  
 Some microscopic monarch reigns supreme,



Stirs up, with potent wand, to thought sublime  
 Some tiny spark of Phosphorus and Lime ;  
 Plays on the various encephalic keys,  
 And runs the intellectual scale at ease.  
 So the pianists on a Steinway play,  
 Who strike, and lo ! the tuneful chords obey ;  
 And so the telegraphist's magic trills  
 Upon the battery's buttons quickly thrills  
 To every end its complex fibres lead,  
 And sends forth messages with lightning speed ;  
 Dispatches knowledge in unbroken train  
 Along the convolutions of the brain.  
 As the quick steel with forcible imprint  
 Bids sparks of fire escape the solid flint,  
 So friction from these cells sublimely wrought  
 Draws forth the flash that constitutes a thought.

Imperial Power, of protein matter owned,  
 That on the Pons Varolii sitt'st enthroned,  
 Spanning the chasm between flesh and soul,  
 To vivify the body and control !  
 May human intellect so far expand  
 To analyze itself and understand,  
 And by analogy be fairly brought  
 To comprehend the chemistry of thought ?

Then lo, the Voltaic Pile ; nor strive in vain  
 To find a semblance to the electric brain !  
 The high-wrought tissues in the cranial case  
 Of abject metals take the nobler place—  
 One is the Schwannian substance, pure and white,  
 And Axis-Cylinder the other hight.  
 These with the gray and nucleated cells—  
 Wherein the *pabulum animi* chiefly dwells—  
 All in dilute Cerebric Acid meet,  
 And thus present a battery complete.  
 If not harmonious these component parts,  
 The electric fluid runs by fits and starts ;  
 But if the various elements accord,  
 A smooth and even current they afford,  
 Which (shown by Helmholtz, and he doubtless knows)  
 Two hundred feet in every second flows.  
 When well distributed the food we take  
 'Twill glide into this Leyden jar and make—

What human efforts ever strive to mar—  
The mind and matter that we truly are ;  
As artists by galvanic process gild  
With metals that in acids are distilled,  
We to this method our own selves submit,  
And take the glittering gilt of human wit.

Whene'er with passion tempest-tossed it be,  
There's too much acid in the battery.  
This fuses all the elements of thought,  
And makes a coarse amalgam on the spot,  
Which runs like lava through the beauteous mind,  
And leaves a track of smouldering dross behind.  
Thus fair Xantippe, whom the scribes depict,  
In attributes of form and features, strict  
Unto the model which in Eden erst  
The prototype of woman, and the first ;  
Yet, soured, the welkin with foul accents rung  
That 'scaped her keen vituperative tongue ;  
For, being woman, she would have her way,  
Which was, to make philosophers obey ;  
And teach men, that, to brave what woman wills,  
Is like with torchlights braving powder-mills.  
'Tis evident, 'twas acid in excess  
Which played the devil with poor Socrates.

If the spent forces thus again receive,  
Through galvanism, new privilege to live ;  
To breathe and labor, meditate and scheme ;  
To be inspired with hopes and fears ; to dream  
Delightful complications in event,  
And thrill the anatomy with sentiment,  
Then may not thought be analyzed, and found  
The product of a chemical compound ?  
Lo ! piercing the Egyptian clouds, a pile,  
Colossal sentry of the flowing Nile !  
Great monument of human industry,  
Of human folly, thralldom, tyranny !  
What though it sealed a hundred thousand fates !  
It passed through Cheops' gastronomic gates,  
In the incipient form of bread and cheese,  
Or basted hippopotamus, to please  
His Epicurean gustatory sense,  
And break out in this pyramid immense.

He ate and drank what rushed into his head ;  
Whereat his brain, thus bountifully fed,  
Began forthwith to secrete thought—for what ?  
To build this limestone monster on the spot.

'Tis thus the substance from the earth we gain  
Gives phosphorescent thought for every grain ;  
And crumbs of bread so vitalized, refined,  
Become the true Ambrosia of the mind.

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## Medical and Surgical Annotations.

BY THE EDITOR.

HOMŒOPATHISTS the world over will be pained to know of the serious illness of Lord Robert Grosvenor (Lord Ebury), the distinguished advocate of homœopathy in England, and chairman of the Board of Management of the London Homœopathic Hospital.

Sir James Y. Simpson's son succeeds to his father's chair in the University of Edinburgh.

Dr. Chas. A. Pope, the distinguished surgeon of St. Louis, died in Paris, July 5th, after a short illness, in the fifty-fourth year of his age.

Mr. Syme, the celebrated surgeon, did not long survive his great colleague, Simpson.

Von Graefe, the celebrated ophthalmologist of Berlin, who had almost created the science and art of ophthalmology, has just died, at an advanced age.

The medical men of Lyons, France, have, after long and careful investigation, pronounced in favor of ether, and against chloroform, as an anæsthetic agent. M. Petrequin, ex-surgeon-in-chief of the Hôtel Dieu, in that city, says: "It is evident that the danger lies in the chloroform itself. If it kills, it is not because it is impure, it is because it is in its nature a poison."

Dr. Jackson, of Boston, attributes remarkable aphrodisiac properties to the *Helonias dioica*, in which view he is supported by others. This is in contravention of the



assertions of Coe, quoted by Dr. Hale, who scouts the idea of that drug possessing such properties.

*Glonoine* will be found to be an invaluable agent during the excessively hot weather of the present season. Against the headaches produced by the powerful rays of the sun, it acts with almost magical power. Its usefulness in genuine *coup de soleil* is undoubted, but the writer has afforded prompt relief during the present season in some twenty or more cases of distressful sun-headache, with a great variety of symptoms, predominantly, however, a feeling of dulness, stupidity, emptiness, and somnolence.

The following is submitted as a method of treatment for in-growing nails: "Dr. Babb has used with uniform success, in in-growing nails, a saturated solution of the persulphate of iron. Success depends upon the thoroughness with which a bit of cotton saturated with it is insinuated between the nail and the fungous flesh, the cotton being also turned back over the flesh on the outside."—*Medical Archives*.

M. Bouley, in a course of lectures on "Madness in Man and Animals," gives the following interesting statistics having reference to *rabies*, which, if reliable, will go far towards destroying some of the commonly received opinions concerning that malady: "Out of 302 cases recorded in six years, 89 occurred in the spring, from March to May; 74 in the summer, from June to August; 64 in the autumn, from September to November; and 75 in the winter, from December to February. Male animals appear far more subject to attacks of the disease than female animals. Out of 320 cases of bites from rabid animals, 284 occurred with dogs (male), 26 with bitches, 5 with cats (male and female), and 5 with wolves (male and female)."—*Nature* (London).

*Chloral* and *Strychnia* appear as mutual antidotes. Numerous experiments on animals, and observations on human subjects, show that hydrate of chloral, even in small doses, has the power to prevent the convulsions of strychnia, and to arrest those which have already commenced. Life can be preserved after doses considerably above a fatal quantity have been given, especially when artificial respiration is practised until the chloral is absorbed. *Strychnia*, on the other hand, has already proved successful as an

antidote in some threatening cases of poisoning by chloral in the human subject.

Polyclinic of Leipsic, 1869: Patients treated, 3953; cured, 1736; improved, 366; 1072 came only once; 738 failed to give the last report; 26 changed treatment; 9 died, and 449 are still under treatment. Homœopathic Hospital at Gumpendorf, near Vienna, under the direction of Dr. Rothhausel, 1869: Treated, 1194; cured, 1015; improved, 65; incurable, 18; died, 98. 7400 patients were treated outside of the hospital. Homœopathic Hospital of Munich, 1869: 71 patients; cured, 54; improved, 6; went into general hospital, 4; 6 died, and 1 was brought in in a dying condition. This latter is a private institution with limited means, under the direction of Prof. Dodmer.—*L'Art Medical.*

Accident has led to the discovery of a new remedy for hepatic diseases. On a plantation of the Cordilleras, the sheep died of a hepatic disorder. The fence forming their inclosure being broken was accidentally mended with twigs of the *Boldo*. The animals fed on these with avidity, so that the repairing had to be repeated several times, but the epidemic ceased. One of the shepherds, who also suffered from liver complaint, tried the remedy, and was cured. The Chilian Medical Institute vouches for the truth of this statement, and the Chilian physicians intend to give the new remedy a fair trial.—*Deutsche Klinik.*

What are the psychological features of disease of the heart, of the lungs, of the liver? They are unquestionably different in each case. The inquiry, which has never yet been seriously attempted, is, without doubt, a difficult one, but I believe that the phenomena of dreams might, if carefully observed, afford some help. The ground-tone of feeling in a dream, the background on which the phantoms move, is often determined by the state of an internal organ, the irritation of which awakens into some degree of activity that part of the brain with which the organ is in specific sympathy; accordingly sympathetic ideas spring out of the feeling and unite in a more or less coherent dream-drama. How plainly this happens in the case of the generative organs it is unnecessary to point out. . . . . Dreams furnish a particularly fruitful field for the study of the specific effect of organs on mind, be-

cause these are more distinctly felt and more distinctly declared when the impressions from the external senses are shut out by sleep. As the stars are not visible, although they still shine, in the daytime, so the effects of an internal organ may not be perceptible during the waking state while consciousness is actively engaged. But just as, when the sun goes down, the stars shine visibly, which before were invisible, veiled by his greater light, so when active consciousness is suspended, organic sympathies which before were insensible, declare themselves in the mind.—*Dr. Henry Maudsley, in the London Lancet.*

A native of India was badly bitten in the hand by an excited *Cobra*. The man's life was saved by the prompt treatment of an army surgeon. Ligatures were tightly applied above the wound, the punctures were extended with a knife, and the wounds vigorously sucked; they were then washed with cold water and liquor potassæ was applied freely, after which he was treated with brandy and liquor potassæ. After *sucking* the wound, the surgeon experienced the following symptoms: About two hours after, tightness across the gums and roof of the mouth, in the space between the two incisors. This was followed by a sharp stinging pain of a peculiar burning character; restless and uneasy, and subsequently languid and faint; anxious and alarmed about himself; at 3 P.M. (3 hours after), the uncomfortable feeling extended, not only to the roof of the mouth, but to the same extent *in front* of the incisor teeth, to the gums under the upper lip; early next morning, after a good night's rest, was awakened by an acute burning pain in the roof of the mouth, which continued for a couple of hours, and then left, leaving behind a soreness, not only at the roof of the mouth, but extending to the tongue to the extent of an inch from the tip; aggravated by taking tea, or highly seasoned food. These feelings lasted seven or eight days.—*London Lancet.*

Dr. Adelmann, of Dorpat, quoted by L'Imparziale, of Florence, strongly advocates *forced flexion of the limbs in traumatic hemorrhage*, which practice, he considers, has unfortunately fallen into oblivion. He quotes numerous authorities in support of the method, and cites a case of his own where forced flexion of the hand on the forearm, and the latter on the arm, arrested hemorrhage from a



wound of the ulnar artery. Dr. Adelman thinks that such flexion should be resorted to before other hæmostatic means are employed; that this practice should be made known among the people at large, so that it might be used before the arrival of the surgeon; and that soldiers in the field should be made acquainted with it. Dr. C. T. Liebold, of New York, read a paper before the American Institute, in Chicago, on this interesting subject.

*Phytolacca* is recommended for chronic sore throat, when the fauces and pharynx look dry, and of a dark color, with a few adherent strings of mucus high up, and hawking of phlegm morning and evening; also when *aphonia* attends.—*Monthly Homœopathic Review*.

A gentleman who was tapped for *hydrocele*, suffered much before and after from neuralgic pains in the ileo-cæcal region and testicles; *Veratrum* 6, relieved the former, and *Clematis* 1st decimal was highly satisfactory with the latter [see *Oleum Animale*]. Furthermore, *Rhatania* cured a pterygium in an astonishing manner. *Ibid.* [Dr. Carroll Dunham, of New York, has recorded a cure of pterygium, with *zincum*, in the *British Journal of Homœopathy*, vol. xxiii, p. 493.—Ed. II. M.]

The *Contagious Diseases Acts* of the British Parliament, the objects of which are to hold prostitution in check and prostitutes under control, and thus prevent the spread of syphilis, particularly, have excited much opposition in England, especially among women. Meetings have been held for the purpose of protesting against these acts, at which women have made speeches, and handled a filthy subject after a manner rather surprising. The city of St. Louis has essayed to pass similar acts, and it remains to be seen whether American women will manifest such stout and outspoken opposition in that city. The objections taken are, that it gives too great a license to policemen, as inspectors; that it is a recognition of the necessity for the "social evil;" and that it discriminates against women. The latter objection is certainly a valid one. If prostitution is to be licensed, and prostitutes medically inspected, let those of the male, as well as those of the female sex, come under the action of the laws.

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## BOOK NOTICES.

OUR Book Notices for the month have been unavoidably crowded out by pressure on our columns. We shall, however, endeavor to do justice to the Publications on our table, in the next issue.

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## WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

THIS society held its first annual meeting in Camden, May 18th, 1870.

The President, Dr. Gardiner, upon taking the chair, addressed the Society at some length, impressing upon the members the necessity of attending the meetings, &c.

The Secretary, Dr. McGeorge, having removed from the state and not being present, Dr. Cooper was chosen Secretary pro tem.

The minutes of the last meeting were read and approved.

Members present.—Drs. Gardiner, Hunt, Streets, Wilkinson, Cloud, Kirkpatrick, Bancroft, Ward, Phillips, Austin, Brown, Middleton, Pfeiffer, Allen, and Cooper. Drs. Richard Gardiner, Jr., Jacob Iszards, Joseph Shrives, J. C. Parkinson, and Van Room Tindale, were duly elected members.

The resignation of Dr. McGeorge was read and accepted, and fitting resolutions were agreed to, to be forwarded to Dr. McGeorge.

The Secretary's and Treasurer's reports were read and accepted.

A license from the State Society was presented to the Society, but not considering it advisable to accept the same, it was laid on the table for future action.

After considerable discussion, the Society proceeded to an election of officers, to serve the ensuing year, with the following results:

*President*, Ross M. Wilkinson, M.D., Trenton; *Vice-President*, Daniel R. Gardiner, M.D., Woodbury; *Treasurer*, Jacob G. Streets, M.D., Bridgeton; *Secretary*, Isaac Cooper, M.D., Mullica Hill; *Censors*, Drs. Richard Gardiner, Jr., Gloucester City; Henry F. Hunt, Camden; Alexander Kirkpatrick, Burlington.

Owing to the greater part of the time being occupied with new and unfinished business, the reports of the different Bureaus were not very interesting.

After the election of officers and appointing of the different Bureaus, the Society adjourned, to meet at the same place for their Quarterly meeting in August.

ISAAC COOPER, M.D.,  
Secretary.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE JUNE meeting of the Society was held on the 23d inst., the President, Dr. Williamson, occupying the chair.

HERBERT H. READ, M.D., of Windsor, Nova Scotia, was present by invitation.

The minutes of the preceding meeting were read and approved.

The "Committee on Prevailing Diseases" submitted a brief report, through Dr. Dudley, regarding the prevalence of "Relapsing Fever."

Dr. H. N. GUERNSEY, Chairman of the delegation to the Homœopathic Medical Society of Pennsylvania, submitted a report. He stated that he had attended the fifth annual session of that body, held at Erie, June 3d and 4th, 1870, and that there had been a harmonious and interesting meeting, at which a number of valuable papers had been read, and discussions had thereon; that a new interest in the welfare of the Society seemed to be awakened, and members were determined to push its interests as much as possible; that the Society had adjourned to meet at Harrisburg, in February next, at which place it was proposed to hold hereafter the annual meetings; and that the able and courteous manner in which the President of the Society, Dr. O. B. Gause, had filled the duties of his office, had added greatly to the pleasure and profit of the occasion.

Dr. WILLIAMSON, delegate to the American Institute of Homœopathy, then submitted the following report:

Your delegate to the American Institute of Homœopathy begs leave to make the following report, viz.:

He attended the twenty-seventh anniversary of the American Institute of Homœopathy, held in Chicago on the 7th, 8th, 9th, and 10th of the present month. The usual preliminary meeting was held on Monday evening, June 6th, at the residence of the veteran homœopathic practitioner of the Northwest, D. S. SMITH, M.D.

The evening was spent in the enjoyment of the hospitalities of our most provident host, and the hearty greetings of old friends, met again to talk over the trials and triumphs of the past, post up the doings of the present, and take counsel together for the promotion of the great cause of homœopathy and the prosperity of our national organization.

On the morning of the 7th of June the members of the Institute assembled according to arrangement in Crosby's Music Hall, Chicago, and at 10 o'clock were called to order by the President, DAVID THAYER, M.D., of Boston. The session was opened with prayer by the Rev. Dr. KELLY. A speech of welcome was then made by G. D. BEEBE, M.D., of Chicago, Chairman of the Committee of Arrangements, which was responded to with appropriate remarks by the President of the Institute. After the



appointment of a Committee on Credentials, an Auditing Committee, &c., several letters of regret from distinguished homœopathic physicians who could not attend this session of the Institute were read.

Commendable vigilance was exercised by the Board of Censors in regard to applications for membership, in every instance requiring the name of the medical school at which the applicant graduated, and the date of his diploma to be given. During the sessions of the Institute over one hundred new names were added to the list of members.

A large number of reports, probably more than ever at one session of the Institute before, were read and referred to the Committee on Publication.

One day, instead of the usual adjournment to the hall below at lunch-time, the members were transported in omnibusses to the site of the new Homœopathic Medical College now being erected, to witness the laying of the cornerstone by the President of the institution, A. E. SMALL, M.D. After the ceremony the assemblage were invited to inspect the arrangement of the "Scammon Hospital," of the capacity of forty beds, in immediate connection with the college building. An elegant collation in the halls of the hospital was prepared for the occasion of our visit. Full justice being done to the viands of the well-filled board, three-quarters of an hour were spent in speech-making by members of the Institute, and an eloquent address by the Hon. J. YOUNG SCAMMON, the Patron of the hospital, in answer to repeated calls for that gentleman.

The annual oration before the Institute was delivered in the hall in which the other meetings were held, in the evening of the first day of the session, by CARROLL DUNHAM, M.D., of New York. After the address, strawberries and ice cream were served in the dining-room of the St. James Hotel.

On the evening of the second day the members of the Institute and their ladies were invited to a splendid entertainment at the residence of the Hon. THOS. HOYNE, to whom and his accomplished lady their guests are greatly indebted for the hospitalities of the evening.

Delegates reported themselves from the Western Institute of Homœopathy, the American Institute of Homœopathic Pharmacy, eighteen state societies, fifty-two local or county societies, eighteen hospitals and asylums, thirty-one dispensaries and infirmaries, ten medical colleges, and ten medical journals. About 200 people attended the session of the Institute.

The reports generally were characterized by learning, research, and comprehensiveness. The discussions of some of the papers were full and free, with the usual amount of healthy criticism. In others, the discussions were limited for the want of time. The reports and discussions on *materia medica*, obstetrics, and surgery, give evidence of increasing interest of the Institute in those directions. And it will be seen by the proceedings that a wider range in the investigation of medical subjects in the reports generally has been taken than heretofore.

One thing was more noticeable, I think, this year in the discussions of the Institute than ever before, and that is, a disposition to lug in theological views on strictly medical subjects.

A meeting of the Editors of Homœopathic Medical Journals was held on Wednesday evening, June 8th, at the residence of R. LUDLAM, M.D., at which an Editorial Association was formed, and several wholesome resolutions adopted.

Some new Bureaus on medical subjects were created, and the fields extended, and reforms instituted in some of the old ones. Hereafter, when a member of any bureau or committee fails to report or render assistance to his colleagues in making a report, his name will be dropped and another substituted. Another change was made in the time of appointing the Bureaus, from the last meeting of the Institute, as heretofore, to the time immediately after the report of the committee or bureau is made, so that each committee or bureau can have the opportunity of meeting to arrange their work for the coming year, before the adjournment of the Institute.

On the evening of the third day (June 9th), the members of the Institute, their ladies, and other invited guests, assembled in the spacious dining-room of the Tremont House and *sat down* to a "most sumptuous banquet." All that I ever heard said of a banquet, as to its excellence, elegance, and profusion, was realized in the one dedicated to the American Institute of Homœopathy on the occasion referred to. One feature I take special pleasure in referring to, and that is, the absence of all intoxicating drinks. After the free and full discussion of the eatables, speech-making came in order. GOVERNOR BROSS, and several members of the Institute were called on and responded to various *toasts*.

The perfect system of making reports for the Press, adopted at the recent session of the Institute, deserves special mention and great praise. A correct phonetic report of all the business transacted, and speeches made, was published daily in the Medical Investigator (extra), for the use of the members. For this great favor we are indebted to C. S. Halsey, Esq., publisher, the indefatigable T. C. Duncan, M.D., editor, and their assistants.

The officers of the Institute performed their arduous and sometimes difficult labors with marked courtesy and great acceptability.

The reporters and the press were distinguished for their kindness and incessant attentions.

The Institute adjourned at 1 o'clock, P. M., Friday, June 10, 1870, to meet in Philadelphia, on the first Tuesday in June, 1871.

On motion the above Delegate's reports were accepted, and the thanks of the Society tendered for the same.

The usual monthly report of the Scribe, Dr. Bushrod W. James, was then presented, and read by the Secretary in the absence of Dr. James, who was making the trans-continental tour.

## NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**PORES IN THE DURA MATER.**—The Quarterly Journal of Microscopical Science, January, 1870, mentions that "Dr. Boehn states, that he has convinced himself that there exists pores or stomata on the free surface of the dura mater, which open into the arachnoid space, and place it in communication with plasmatic canals in the connective tissue of the dura mater, just as the openings which Recklinghausen found in the peritoneum and pleura place those serous cavities in continuity with the lymphatic system."

**NERVE TERMINATIONS IN THE EPITHELIAL LAYER OF THE SKIN.**—The same journal mentions that Dr. Podcopæn says, he has found that a distinct nervous plexus exists between the proper laminate epithelium and the rete mucosum. Very fine lines run up between the epithelial cells, and near the surface again form fine plexuses, as they do beneath the rete.

**NEW PARASITE ON THE COFFEE PLANT.**—In Ceylon, Mr. Thwaites, an eminent botanist, says, an entirely new parasitic fungus, which makes the leaves drop before their time, has appeared, and is rapidly spreading over the plantations of the Island. The coffee planters fear for the safety of their coffee crops therefrom. But ought we not as medical men see that no new disease is engrafted upon the human system by reason of persons drinking coffee from such affected plants?

**INFLUENCE OF OBSTRUCTED SKIN ON DISEASE.**—An Allopathic physician, Dr. H. G. Knagge, has been using a salad-oil to anoint the entire surface of the skin of infants for disorders where an unnatural state of the skin exists, such as atrophy, febrile disturbances, etc. He applies it two, three, or six times in the twenty-four hours, according to the violence of the symptoms, claiming that it exhilarates instead of depresses the little patient, that it acts as fuel-food, preventing tissue waste, that it also protects the skin from sudden changes of temperature, and restores the natural action of the skin. If he had known the action of Aconite, Cham., and other remedies on the skin, in relieving the dryness and restoring a proper action, he need not have gone to the trouble of oil-bathing.

**HOMŒOPATHY IN GERMANY.**—We learn from the recent number of the *Allgemeine Homöopathische Zeitung*, that the lower house of the German Parliament has requested the Government to appoint a Professor of Homœopathy at the University of Leipsic. From this city, be it remembered, Hahnemann was expelled sixty years ago, because infinitesimal doses interfered with the profits of the apothecaries!—From the *Monthly Homœopathic Review*, May, 1870.

**HOMŒOPATHY IN THE UNITED STATES OF COLOMBIA.**—La Homeopatia, a monthly journal published at Bogota, informs us that the legis-



lature of the States has decreed that every charity hospital situated in a town where a Homœopathic practitioner resides, shall have one ward set apart for the homœopathic treatment of disease.—*Ibid.*

**BRITISH HOMŒOPATHIC CONGRESS.**—A Congress of British Homœopathic physicians is to be held at Birmingham, September 28th, 1870, and the Homœopathic physicians of America, through the American Institute of Homœopathy, are invited to the meeting or Congress, and physicians expecting to visit Europe, and be there in the autumn, are requested to send their names to Dr. Gibbs Blake, of Birmingham, or Evan Fraser, Esq., of Hull.

**ACTION OF PHOSPHORUS.**—Dr. Robert T. Cooper illustrates the action of this remedy from his clinical experience, as specially adapted to cases of gum-boils; ulcer on gums after toothache; neuralgia with darting pains; cephalalgia, occipital and sincipital, preceded by dimness of sight and accompanied with a feeling of sickness; facial neuralgia; hemorrhage from the rectum, &c.

**HOMŒOPATHIC MEDICAL SOCIETY, WASHINGTON, D. C.**—A bill incorporating a Homœopathic Medical Society at Washington, has passed both houses of Congress unanimously. It gives the Society powers and privileges equal to any Allopathic Society, and is authorized to examine candidates for membership, irrespective of color, in practice of Medicine and Surgery, before admitting them.

**HOMŒOPATHIC HOSPITAL AT CHICAGO.**—A wealthy citizen of Chicago, J. Y. Seammon, has founded a homœopathic hospital, and placed it under the charge of the Hahnemann Medical College Faculty of that city.

**PARIS HOMŒOPATHIC HOSPITAL**—This talked of Hospital was duly inaugurated on last Hahnemann's birthday, and is under the supervision of the Sisters of St. Vincent de Paul, Paris.

**TESTIMONY ON TWO FASHIONABLE ALLOPATHIC REMEDIES**—One physician of the other school, reports no beneficial reliable effects from chloral hydrat as an hypnotic after a fair trial of it; while another, reports a fatal case of tetanus following the hypodermic injection of the ethereal solution of quinia. The blame of the death of the patient was put upon the nurse, whom it was urged was awkward in giving the patient beef-ten, and strangled the case. Trismus and opisthotonos had been present, from which the case was evidently but temporarily tranquil, until some movement of the body, such, for instance, as the nurse raising the invalid up, which, the Doctor says, brought on the fatal spasmodic action. We think any other disturbance of the body might have brought it on. It is to be regretted that the Doctor did not know the value of *Angustura* homœopathically administered in cases of traumatic tetanus, although his was a medicated case of traumatic tetanus, and the effects of drug action would also have complicated the treatment of the case, for other drugs in large doses had been freely administered to the patient.

PHOSPHORESCENCE OF THE SEA.—The April number of the Boston Journal of Chemistry contains the following interesting item on this subject: "The researches of M. Duchemin, who has been occupied with this subject for four years, shows that this phosphorescence is solely due to the presence of myriads of very small infusoria (*Noctiluca miliaris*). These minute creatures emit light whenever they are agitated, either by mechanical means, or by heat not exceeding 39° C. (for a temperature of 41° C. kills them), and after their death the phosphorescence cannot be made to appear again by any agency whatever. They are not killed by cold, which seems rather to excite their luminosity. An addition of fifty per cent. of fresh water to the sea-water does not affect them, but if placed in water entirely fresh they die speedily. Alcohol or any dilute acid added to the sea-water excites them for a moment, and a brilliant phosphorescence is the result; but the experiment is fatal to them. The infusoria do not lose their light-giving powers, even when kept in perfect darkness for more than a fortnight. Electric currents do not kill them. It is said that these animalcules sometimes cause a peculiar eruption on the skin of persons bathing in the sea."

ON POISONOUS HAIR DYES, a physician writes us as follows, regarding some cases of poisoning by the use of hair dyes:

"In a late number of the Journal, you published a note from a correspondent in relation to a certain hair renewer" (Hall's Vegetable Sicilian, &c.). "Two cases of partial paralysis from its use have lately come to my notice, both occurring in ladies. One complained of cold creeping chills, and a sensation of numbness in the back of the head and neck; the other had the peculiar symptoms of lead paralysis in the arm and wrist. Both had used the nostrum freely, and recovered after I had advised them as to its contents, and they had discontinued its use. Any one may satisfy himself of the contents of this filthy compound by the peculiar sticky feeling of acetate of lead, when rubbed between the fingers, or by placing a drop upon the tongue and noting the sweetish astringent taste of the salt. Or, if he wishes more accurate evidence, let him try the effect of a drop or two of solution of iodide of potassium, added to a filtered portion of the 'Renewer.' Other tests might be given, but this is as convenient as any. I cannot see how the consumer can fail to absorb lead into the system, if the directions of the bottle are carried out: Rub the scalp thoroughly, after which leave the scalp and hair thoroughly saturated with it, &c."—*Ibid.*

Dr. JNO. C. MORGAN then exhibited a small cushion or pillow stuffed with *elastic sponge*. He recommended the sponge for its perfect and continued elasticity, and because it does not pack. He had been able to afford great ease and comfort in the case of a young lady dying of consumption, and who could lie only on the right side, by having constructed an oval-shaped ring-pad, which met the requirements of the case. These cushions can be adapted to many cases where persons are obliged to sit

or lie for a long time in one position. In the case of the above young lady there was an extensive cavity in one lung, and he was of the opinion that if systematic compression could be produced over the cavity, great relief would be derived therefrom. He therefore had constructed a thin pad of elastic sponge, and its application invariably gave great relief, always relieving the cough. Dr. M. likewise exhibited a crochet supporter for diseases of the breast.

Dr. H. N. GUERNSEY said he had had some experience in the use of elastic sponge, and he was not able to indorse what Dr. Morgan had said of it. It does pack, and sometimes it gets very nasty. He had recommended it very highly to some of his patients, and had been scolded not a little on account of it. He had found that gum elastic pads and cushions filled with air were vastly superior to anything else he knew of.

Dr. W. WILLIAMSON thought it not a difficult matter to reconcile the apparently discordant testimony of Drs. Morgan and Guernsey. In his experience they were each admirably adapted to particular cases, and where indicated, the one could not take the place of the other. It was not alone for the sick, however, that he would recommend the elastic sponge, but for the well also. Elastic sponge pillows and mattresses were capital things to sleep on, particularly for fleshy persons. He used them, and derived a great deal of comfort from them. He thought the sponge pillows and cushions were decidedly superior for the use of patients suffering from rheumatism.

Dr. A. W. KOCH suggested that members should keep an exact record of the symptoms, treatment, &c., of all cases of *relapsing fever* they might have to treat, and report in full to the Society at a future day.

Dr. CAMPBELL said he had seen some few cases, which he had reported to the Port Physician, as directed, but that the cases had been taken out of his hands by that functionary.

Dr. H. N. MARTIN stated that he had had some experience with the fever. Most of his cases presented the following conditions: He found them nervous and tremulous; they complained of pains in the back and limbs, which were worse at night; they have chills, fever, and sweats, all together or running into each other; they say they feel as though they had taken a bad cold; the tongue gets gradually white, is sometimes red on the tip, seldom dark-colored, and generally moist; in five or six days from the onset they go into a semi-stupor, answering questions when put to them, but nothing more; some cases set in with vomiting, as though it were going to be a "bilious attack." About the seventh day from the onset the patients are better, and usually get about, gradually convalescing; but the tongue continues coated. On the thirteenth or fourteenth day the relapse occurs, and they go back to where they were before the improvement set in, and then run through a similar chain of symptoms, feeling weaker. The relapse sometimes recurs the second, third, or fourth time. He had seen no spots on the abdomen in any case, and had found tenderness in the right iliac region, but no diarrhoea.



Dr. JACOB JEANES asked whether there was any discoloration of the skin, to which Dr. MARTIN replied that the color of the skin was about natural in all cases, so far as he was able to judge; that most of the cases he had witnessed occurred in negroes, where of course yellowness of the skin would not be marked, but there had been no jaundiced hue of the conjunctiva in these cases.

Dr. S. S. BROOKS remarked that Watson speaks of the disease being attended with yellowness of the skin, which he describes as one of its characteristics; others being the violence of its onset, its shortness of duration, and the slight mortality.

Dr. MARTIN. One symptom I noticed particularly was, soreness and tenderness of the muscles of the neck, setting in about the time of convalescence.

Dr. A. W. KOCH. Did you notice the color of the urine?

Dr. MARTIN. I did not in any case; I could not get to see the urine. There is usually a great deal of sweating. I have given *Arsenicum* and *Baptisia* with very good effect, but the relapse occurred notwithstanding. I am inclined to be of the opinion that *Natrum muriaticum* is the proper remedy.

Dr. J. C. MORGAN. In that sort of simulated stupor described by Dr. Martin, where the patients reluctantly answer questions, but will say nothing more, I have used, while in the army, *sweet spirits of nitre*, in accordance with Hahnemann's directions.

Dr. MARTIN. Many of these patients have a peculiar form of delirium. They can always tell you in the morning all about their delirious fancies of the preceding night.

Dr. JEANES remarked, that his reason for inquiry as to the color of the skin was, that he had noticed that some of his patients were of a *greenish* hue.

Dr. DUDLEY inquired whether there was any dropsical effusion.

Dr. MARTIN said he had not noticed any in his cases.

Dr. DUDLEY said that he had heard that a number of cases of relapsing fever, in the almshouse, had dropsy, and that the physicians there are combating dropsy. He thought it probable that these dropsical conditions were due to Allopathic medication, and that possibly the jaundiced hue of skin described by Watson, was likewise attributable to the medication the patients had been subjected to.

Dr. MORGAN thought it would be a good plan to commence the treatment of cases coming out of Allopathic hands with *Nux vomica*. Dr. Raue, he said, laid great stress on that measure, and he (Dr. M.), had found it to work well.

Dr. GUERNSEY said he regarded the disease under consideration as simply a new phase of the old low form of fevers, and he selected the remedy in accordance with the symptoms presenting at the time.

The Society then adjourned, to meet on the second Thursday in September.

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THE HOMŒOPATHIC MATERIA MEDICA.

BY HENRY N. GUERNSEY, M D.

(Read before the Hom. Med. Society of Pennsylvania, at Erie, June, 1870.)

IN attempting to present a few thoughts on this important subject, I desire to have it understood at starting, that by the term "The Homœopathic Materia Medica" I mean to have reference not alone to the *materies medendi* pertaining to the homœopathic school, but more particularly to the inherent properties of those materials, upon which depends their efficiency in the inaugurating and perfecting of curative processes. And the question naturally propounds itself at this juncture, whether our "Materia Medica," in this latter view of it, has in it anything tangibly reliable, or is, on the other hand, altogether unsubstantial?

In considering the Materia Medica merely as an aggregation of materials selected from the three kingdoms of nature, so called, for the use of men whose business it is to use them for the cure of disease, we need not go back to the early history of medicine to seek for proofs of its substantiality, for enough is before us daily, to evidence the fact that certain things are regarded and set apart as possessing elements of medicinality in a sufficient degree

to distinguish them from all other things *not yet* regarded as possessing such property or power—or constituting, in fact, in the aggregate, the *Materia Medica*.

But to consider the *Materia Medica* in accordance with that other definition I have—arbitrarily, perhaps, and for the sake of argument—assigned to it, viz., a series of medicinalities or curative properties. And here the task at once presents its difficulties—these being none the less by reason of the many-sided views that have been taken of it from time to time. I start out, however, with this broad proposition, that our *Materia Medica*—considered in the inherent curative properties of its materials—is as much a *verity*, as *demonstrable*, as *distinct* in its *integers*, and as *reliably tangible* to the *mind*, as when considered simply as the *aggregated material* from whence these *properties* are *derived*. And, *moreover*, that these inherent properties—constituting the *medicinality* of the materials—are *fixed* and *certain* as regards each article individually.

Every article in the mineral kingdom has its own peculiar form of crystallization, its own peculiar density, color, general appearance, &c.; and it is due to *these* that it has a distinctive place in the mineral kingdom, by causing it to differ from any and all others of that kingdom.

Every plant, shrub, or tree has its own peculiar form, its own peculiar leaf, bud, flower, fruit, &c., which gives it distinctive name and rank, by causing it to differ from any and all others of its kingdom.

And so of every animal, bird, fish, insect, or reptile. Each has peculiar properties that serve to constitute them into separate classes; each distinguished and distinguishable from all others of their kingdom.

These differences, existing in the productions of nature, by which they are divided, so to speak, into classes and orders, or genera and species, are due to what may be termed characteristics strictly physical.\* And these are so unvarying, in each case, that the naturalist, skilled in reading them, may, by considering even a single bone of



an animal or scale of a fish, give them place in the page of natural history to which they properly belong. It is this principle of uniformity or unvaryingness of characteristics, that enables the educated mind of an Agassiz to classify, even from fossil remains, the animals of a bygone age, from the gigantic mammoth to the tiniest crustacea that disported in woods and waters of a pre-historic age.

And not only is this the fact, as is well known, but *individuality* extends still farther than an arrangement into classes, species, or orders. We have it from divine authority, that "one star differeth from another star in glory," and that even the blades of grass differ from each other, and as the works of nature are revealed to man, even to the innermost recesses of the earth and the depths of the sea, evidence is given that this principle of *differential entity* is carried throughout the so-called kingdoms of nature. Not only does man as an animal present unvarying characteristics, throughout every race and in every clime, by which, even at his lowest, he is distinguished from all other animals; not only does the oak—from that gigantic specimen of its kind, beneath whose foliage Druids held their sacred rites to the tiniest scrub, of Floridian glades—bear on them certain characteristics by which they are known from all other varieties of trees; not only does that precious metal, gold, differ, and by its natural properties enable us to distinguish it, from all other metals; but, as well, there are as essentially distinctive principles pertaining to each specimen of these classes or species, which secures their individuality; so that one man is unlike and may be distinguished from all other men; one oak tree is unlike and may be distinguished from any and all other oaks; one lump of gold, however similar to another, is unlike, and may be distinguished from any and all other specimens of that metal.

These characteristics, or individualities, are due to what may be termed the *intra-life* of the animal, the tree, the

metal. It is this intra-life that makes of the aggregated materials constituting *cosmos*, individual entities; that gives to all the works of the Creator a freshness and originality, almost, nay quite incomprehensible, to the limited understanding of a creature. The term *intra-life*, as applied to what we are taught to believe is inanimate material, such as metal or mineral, may sound strangely in your ears, but I wish to convey, by using that term, the idea that individuality, or entity of existence, is due to something peculiarly and particularly pertaining to everything, separately considered, in nature.

Now, turning to our *Materia Medica*, considered as a series of pathogenetic pictures—a *cosmos* of medicinality; and it is in this view alone I propose to consider it—we find the same circumstances pertaining. A *pathogenesis* may resemble in very many particulars, one or several others; and this resemblance is sufficient to warrant, for purposes of utility, the classifying of these several *resembling pathogeneses* together; and by these resemblances the medical man is able to assert that a given pathogenesis belongs, in the order of classification, to such or such a class. A most excellent example of this is witnessed in the aggregation—by the keen and farseeing mind of the illustrious Hahnemann—of certain pathogeneses under the class-name of *anti-psorica*. But here, too, as in the natural world, we find it as indisputably true, that individuality extends still farther, and that not alone do the characters exist which enable us to divide our pathogeneses into classes, but there are certain effects, or features, or characteristics, so to speak, exhibited in each pathogenesis, when complete, which distinguishes it from any and all others. And—to make the figure of comparison still more exact—these characteristics are due to what I shall term the *intra-life* of the pathogenesis; that part of it which so prominently and all-pervadingly exhibits differentiality, and hence individuality.

In the language of our school, these features of patho-

geneses have been termed, "key-notes" and "characteristics;" but the term applied is immaterial, so long as the fact remains and is recognized, that the action of medicines, or their medicinality, have not only points of general resemblance and of general difference, but points of special difference also, which, presenting, are at once the means of positive recognition.

And this view of our *Materia Medica* carries with it lessons of great value to us, as physicians upon whose knowledge of our pathogeneses, and skill in individualizing them, the health and the happiness of our fellows so greatly depend. It is almost impossible that any one should mistake a man for a monkey, or *vice versa*, an oak for a pine, or gold for lead; and it is not difficult for an ordinary man to distinguish between men who differ greatly in personal appearance, or to know a great oak from a scrub, or a large lump of gold from a little one; but it takes the *skilled* physiognomist to detect the differences in the facial line, the expression, and general contour of individuals who closely resemble each other; and only he who has the nicest sense in such matters would mark the differences in closely resembling lumps of gold or oaks. You or I could tell our own horse from our neighbor's; but the practised groom could pick his master's animals from the largest stud, and the drover singles out his cattle from the herd with unerring precision, when to us, all might look alike. It is by education—in some cases by intuitive perception, however—that this is accomplished; by teaching the mind to grasp at once at individualities. And how important is such an education in the *Materia Medica* to us as Homœopaths, when our success depends so greatly on our ability to individualize. Hahnemann and his most exact follower, Von Bönninghausen, were the most successful practitioners the world ever saw, and their great success was due more to their skill in individualizing than to any other quality of their great minds. Hahnemann and his followers have left for us a pathoge-



netic *cosmos*. It is for us, in imitation of our great head and master of his art, so to study this world of medicinal-ity, that each part composing it may be known not only as connected with the whole, not only as constituting one of a class, but as well, as possessing *individuality*.

The law of cure is *similia similibus curantur*—likes are cured by likes. How then are we to find the like of the manifestations of a diseased process—which is an *individual process*—in a diseased man—who is an individual—if we do not know our pathogeneses, the one from the other, as certainly as we know our friends apart. How are we to do our whole duty in our calling if we neglect to educate our discriminating faculties in this particular. It is by *neglecting* this that we are led into *uncertainty* in *practice*, to the *alternation of medicines* in *clear violation* of the *letter* and *spirit* of the law of cure and its deduced principles, and to the use of *other* means to effect results which the *single individualized* medicament would have promptly wrought.

Our *Materia Medica*, then, is a *reality* and *tangible*; a *complexity of fixed forces and facts* as *readily separable and distinguishable* as are those we find *elsewhere in nature*. And as, in the kingdoms of nature, the things composing them are being brought beneath the ken of men of science, and their *individualities* determined, so, in the *domain of medical science*, it behooves us to *acquaint* ourselves with the *rules of individuality* of our *pathogeneses*, that we may, with as *great a degree of certitude*, determine from one or a few characteristics an entire pathogenesis, as does an Agassiz, in the natural world, determine the history of an animal by even a single bone in its possibly complex skeleton. And even now the master mind of our Hering can, in this domain, readily determine a thorough pathogenesis from one or a few characteristics.

By much labor and patient waiting, the action of a drug on the human organism is fully determined, constituting its pathogenesis. By thought we are enabled to

grasp this entire, by comparison we are enabled to note these points of individual difference which give it *entity*, and separate it from *all* others, and by *experience* we demonstrate the correctness of our *primary* view. How important, then, that our drugs should be *thoroughly* proven, that the pathogenetic picture may be *perfect*; for being perfect, we can the more *readily and certainly* single out those points of prominence which give it individuality of character, and which practically utilize it in the highest and best degree.

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## NON-LIGATION OF THE FUNIS.

BY CHARLES H. HAESELER, M.D.

As my previous article in connection with this matter, published in the number for last April of the *Hahnemannian Monthly*, gave rise to a physiological discussion in the Philadelphia County Medical Society, I feel it due to myself, in writing upon this subject again, first of all to explain more fully, whatever the peculiarity of my position may be in reference to the point that was deemed worthy of debate. This was the statement, that "the foetal circulation is identical, *though not synchronous*, with that of the mother;" though the sentence was qualified and concluded thus: "*i. e.*, the blood of the child is supplied *from that* of the mother."

This phraseology was perhaps ambiguous and maladroit, for it certainly was not intended to convey the idea that the sanguineous current between the two bodies is conducted through a continuous circulatory apparatus. Of the anatomical relation bearing upon this question there can be little doubt; namely, that the terminal extremities emanating from the chorion, and commonly known as foetal tufts, are bathed on all sides by maternal blood, contained in the decidual or placental sinuses; nor that from this blood the nutriment necessary for the development

of the fœtus is transmitted through the umbilical vein, and to it, through the umbilical arteries, is returned the excrementitious matter from the fœtus; nor, lastly, that this exchange takes place through the intervening membrane, resulting from the successive coalition of four previous membranes—that of the fœtal villus, of the uterine follicle, of the wall of the fœtal bloodvessel, and the wall of the uterine sinus, by means of endosmotic and exosmotic absorption.

The question that arises is simply this: Whether in the fulfilment of this process of conveying nutritive matter to, and excretory matter from the fœtus, any portion of the blood holding these materials in solution, passes *bodily as blood*, through the intervening membrane, from the mother to the fœtus, and *vice versâ*. That such does in reality occur, appears, upon reflection, no more than reasonable. When endosmotic absorption is illustrated by the familiar experiment of an organic septum—such as a piece of bladder—between pure and salt water, it is not likely that the salt passes through the septum in its crude and crystalline condition, but rather in that state of molecular division which its solution in water facilitates, and along with which at least a portion of the water on both sides exchanges positions, and is transferred through the membrane.

Thus the building material that enters into the construction of the new being—the protein and primitive elements that make bone, muscle, nerve, &c., among which are inorganic substances, as iron, lime, soda, potassium, phosphorus, &c., and which are held in solution in various proportions within the blood, surely do not pass through the septum between mother and child in their primitive condition, but rather, one should think, in that molecular distribution which their suspension in the vehicle known as blood alone can preserve. Besides, the fluid element of the human body, pervading all its component parts, from the dense structure of bone to the liquid coursing



through veins and arteries, constitutes its weightiest proportion; and as there is, probably, but one way by which this element enters the growing fetus, namely, from the placenta, by endosmosis through the intervening membrane, and thence through the umbilical cord, who can doubt that along with this liquid pass the necessary solid constituents, all of which combine to make up the characteristic fluid which we know as blood?

If we place the bulb of a blooming hyacinth over a glass jar containing an aqueous infusion of pulverized charcoal, in such a manner that the long thread-like roots of the hyacinth shall be immersed in the carbonated liquid, the plant will continue to bloom, and thrive beautifully—giving oxygen to, and receiving carbon, by absorption, from the liquid. But do we not know that along with the carbon it also absorbs water? for water may be expressed from any portion of the plant; and is not the water which it absorbs that which was impregnated with carbon? Is it not, in fact, the *blood* of the plant which it thus absorbs from the liquid contained in the jar? Even so it may be said that the fetal tufts, like the roots of a hyacinth, absorb from the placenta not only the solid materials, but the water also, which together constitute blood; and when these tufts return again to the placental sinuses the discarded matter from the fetal system, they do it through a liquid medium, which again is, doubtless, none other than blood.

On what other hypothesis than that at least a portion of actual blood passes—always, let it be understood, by endosmotic action—through this feto-maternal membrane, may we explain the fact that other than necessary materials for the development of the new being, such as medicines, &c., pass along into the fetal system? Upon adding musk to the milk with which a cat was fed shortly before giving birth to her young, I found, subsequent to their birth, upon killing the kittens, and opening large

bloodvessels, that the blood of all, four in number, emitted a decided and unmistakable musky odor.

It is also well established, that the great caution requisite in the administration of ergot to parturient women, is not so much on account of any injury that might accrue therefrom to the mother; but rather because of the pernicious influence which the drug exerts upon the unborn child.

If it be objected that, in the event of this theory of the transfusion of blood between mother and child being correct, there would be no reason for the absence of a *continuous* circulation, through the medium of a capillary apparatus—it might be answered, that if such a continuous circulation existed, every violent emotion of the mother—every congestive tendency—every functional disturbance that would interrupt, however temporarily, the equal distribution of the maternal blood, would in all probability, destroy the fœtus. Whilst with the arrangement that does exist, however turbulent the blood may be in the maternal vessels, under the influence of fever, or however sluggishly it may tarry in its course, through the inertia of some depressing cause—either of these conditions can extend only to the placental sinuses—those pools of the life-sustaining liquid, whence its transfusion through the membrane of the fœtal tufts proceeds in constant and steady regularity—those wisely ordained reservoirs which constitute the farthest limit, beyond which either storm or calm, or any other abnormal vicissitude of the maternal circulation may not extend. And thus I prove, at least to my own entire satisfaction, that although the maternal and fœtal circulation are not synchronous, nor through a continuous circulatory apparatus, they are yet identical—the supply of blood necessary to the fœtus, from the primitive embryotic point to full term, being always obtained from the mother, and when its constructive properties are lost, returned to her again.

But *revenons à nos moutons!* Since my previous article

on Ligation of the Funis, I have officiated at the birth of sixteen infants, all of whom were separated from the placenta without ligation. Besides this, there were reported to me fourteen by Mrs. Corby, an *accoucheuse* of this city; two by my friend Dr. F. W. Boyer; several by Dr. B. R. Bratt, of Reading, Pa., and three by Dr. E. H. Spooner, also of Reading. By direct communication I have learned, too, that the practice has been adopted by Drs. H. N. Guernsey, R. J. McClatchey, Bushrod W. James, and others, of Philadelphia; by Drs. Samuel Swan and A. M. Pierson, of New York, and by Mrs. Mercy B. Jackson, M.D., of Boston.

Dr. Pierson reports four cases to me. Of the fourth he says: "The child had neither jaundice, colic or anything else; but was a perfect wonder to the ladies, who 'never saw so good a child.' *I shall never tie the cord again.*" In our local organization, the "Homœopathic Medical Society of Berks and Schuylkill Counties," we adopted the new mode of treatment by a resolution, and thus far no unsuccessful case has been reported. Nurses in attendance upon lying in women are particularly pleased with the manner in which the umbilicus heals, upon dressing it without the ligature. Several have directed attention to this point, although nothing had been said to give them the cue. This is no more than might reasonably be expected. The wonder is, indeed, that no greater degree of mischief accrues from the old way of dressing the cord, when the inevitable engorgement is considered, which takes place behind the ligature, and must facilitate a tendency to inflammation. Yet common enough is, in reality, the super-vention of umbilical erysipelas, as it is; and if the new method entirely removes this evil, which it doubtless does, this advantage alone, all other things being equal, should be of sufficient import to cause the universal rejection of the ligature. This advantage to the umbilicus also is a reason why the plan spoken of by Dr. James, at the Chicago Convention, is not advisable. This plan being, to



leave the cord untied, after separation, until what little blood which generally oozes or spirts out may have done so; and then to ligate as a measure of safety, before leaving the house.

And here a word as to the safety of non-ligation. Some really alarming cases have been mentioned of hemorrhage resulting from *imperfectly tied* cords. That this may happen, and yet no hemorrhage occur where the cord is severed *without being tied at all*, is, I think, susceptible of a reasonable explanation. The cord being tied, the vessels become, of course, greatly congested and distended with blood, between the umbilicus and the ligature. This distension, or *pouch of blood*, may, without any great flight of fancy, be likened unto a *placental sinus*, between which and the circulation within the body of the child, a degree of endosmotic absorption may continue to take place.

Now, if a cord be tied firmly enough to produce this general result of a pouch of blood outside the child's body, and yet not firmly enough to prevent this pouch from leaking, hemorrhage, of course, must ensue. But sever the cord without any ligature, and, it may be, strip the remaining blood, in the stump of cord left, out of it, and the relation between the outside and the inside of that umbilicus is at once broken, which would make endosmotic absorption possible, and, as a consequence, no hemorrhage can ensue. If it could, it would be because of an outlet and a tendency for blood to flow from the umbilicus of *all* children—a rule too important in the human economy to be present in some and absent in others. It cannot be that the human being should be born less perfect than all other creatures of the mammalia, by leaking his life-blood out directly after birth, while they enjoy the full power of retaining all that is necessary for their continued vitality. After six thousand years time to develop itself, human intelligence should at least be equal to brute instinct, and, in this instance, resort to scissors where that has from the beginning prompted the gnawing tooth. Far

be it, that from anything here written, a spirit of carelessness, or of too great confidence, should come over any one professional brother in the wide world. It is not meant to be conveyed that, with absolute certainty, no hemorrhage *can* result from separating the funis without ligating. Before that certainty can be fairly considered established, a much greater experience, and from many sources and by various authorities, will have to be recorded in evidence of the new measure.

In separating the funis, the umbilical end should always be left long enough that, in case of necessity, a ligature may be readily placed around it.

Nor should the attendant leave the house until he is fully satisfied in his mind that no further danger exists, or at least until he has instructed some intelligent, competent person, who may be within a moment's call, how to proceed in case of hemorrhage occurring.

A short time ago I assisted a young mother at her accouchement, who had lost her two previous and only babies because these, though large and healthy, to all appearance, at birth, refused to suckle at the breast, and were both from the first day seized with violent colic, over which no remedies appeared to have the least control. With the last child, however, I severed the cord unligated, and before pulsation had ceased. The bleeding was profuse—more than I had ever seen before. But I felt its feeble pulse and watched its countenance, and waited, ligature in hand. Meanwhile it cried lustily, gave no evidence of undue exhaustion, and presently I felt satisfied that the bleeding had stopped. It had probably lost an ounce and a half of blood. I ordered the nurse to wash it and roll it in flannels undressed, giving her at the same time a ligature, with instruction to apply it if the bleeding should commence again before my next visit, and left. Two hours afterwards I called again, and found that no bleeding had occurred, and the child was quietly sleeping, breathed calmly, and looked ruddy and in all respects full of health.

I ordered it, upon awaking, to be dressed. It took the breast on the next day, had no colic or jaundice, is five weeks old at present, and a beautiful and thriving baby; the delight of its mother, who firmly believes that her first two babies were killed by ligating the funis.

The reason for severing this cord before pulsation had ceased was, that I had observed on several occasions, where it was cut after pulsation had entirely ceased, no blood oozed from the cord at all, but just the few drops that may have been in the umbilical stump, and both colic and jaundice, though in a modified form, followed afterward. Yet, upon the whole, I would recommend that the division be not made until the pulsation has altogether ceased, or that great caution be observed, and plenty of time devoted to watching the result, if the division is made before.

In conclusion, it may be stated, that the result of experience thus far had, and of information received from others, would point to the following conclusions.

1st. That it is always safe to cut the cord *after pulsation has ceased*, without tying.

2d. That it is *perhaps* safe, but not as yet *certainly*, to do so *before pulsation has ceased*.

3d. That it does not entirely prevent, but greatly diminishes the likelihood of colic and jaundice; and that these, when they do occur, are comparatively slight.

4th. That the umbilical end of the cord always dries up quicker, and separates kindlier, than when ligated; and erysipelatous inflammation of the umbilicus never supervenes.

5th. That with these results before us, not simply of a negative, but of a positive nature for good, in the welfare and *increased chance of life* to new-born infants, it is the sacred duty of every physician to test the merits of this measure by trial, and if satisfied of its safety, to adopt it.



## NEW PROVINGS AND THEIR CHARACTERISTICS.

BY HENRY NOAH MARTIN, M.D.

(Read before the Hom. Med. Society of Pennsylvania, at Erie, June 3d, 1869.)

YOUR Committee has to report the following observations, which, although fragmentary, he hopes may prove of value to the profession.

*Nux Moschata*.—January 7th, 1868, I was called about 2 A. M., to see Mrs. B. S., aged about 30, who was five months pregnant. She was suffering pains similar to labor pains, and gave me the following history: Having a leucorrheal discharge, she was recommended by a lady friend to take nutmeg for it. She accordingly grated a large one upon an egg and some sugar, at 11 A. M., of the morning previous to my call. Between that hour and 5 P. M., she had eaten the whole of it. During the evening she had dulness of senses and loss of control. She could have been led anywhere without resistance. Loss of *will power*. Upper eyelids were swollen and red around border, and drooping. Looked as though she had been weeping. Her hand, to her, looked red, and as if covered with red spots, and looked too large. Vision indistinct; everything looked red. She now has sensation as if everything had fallen back against the rectum, accompanied with violent straining and urging to stool. Crampy forcing-down pain in bowels and rectum. Stools large and mushy. *Mouth dry but no thirst*. These symptoms were all relieved within an hour by a dose of *Nux vomica*.

I called again at 9 A. M., of the same day, and received from her the following description of her symptoms of the evening before. She says:

"I had no desire for water from the time I commenced taking it, at 11 o'clock, A. M., yesterday, until 9 P. M., of the same evening, although the mouth and lips were *very dry*. Frequent passages of light-colored urine, clear like well-water, but in small quantities and with constant desire. There was also protrusion of the rectum. Head

felt full and expanded, but without pain. Felt foolishly happy, but could not talk. Had no desire to talk. Never felt so hungry in my life. Could scarcely control my appetite, nor control myself. Everything looked too large; my hand looked double its natural size. Darkness and mist before my eyes. Sensation as if I had been crying. My eyes and lids felt swollen, bulged out. Felt as though a string had been tied tightly around the arms, and all the blood had rushed into my hands. Felt perfectly careless; nothing could have offended me. Stools at first were very black and hard; afterwards watery, and then mushy. Had numbness and fulness of the hands. Walked out last evening with my husband, and reeled and stumbled whilst walking."

Dr. FANNING, of Tarrytown, N. Y., reports the following interesting accidental proving:

February 3d, 1870.—Mrs. G., æt. 24; mother of two children; sanguine nervous temperament; light hair, blue eyes; was confined about ten days since. Made a rapid recovery from confinement, but as there was some lochial discharge, a lady friend advised her to take some *nutmeg*.

Took nearly a whole one about 9 A. M. Soon experienced a severe burning sensation in lips, mouth, and throat. About 1 P. M., felt strangely over the whole system, with an almost irresistible desire for sleep, together with a great deal of jactitation of the muscles, and pain and vertigo in frontal region, with great confusion of ideas.

I was called to see her at 4 P. M. Found her sitting in a chair, her husband rubbing her extremities, which, she said, felt numb.

There were momentary paroxysms of blindness, when she would grasp her head, saying, "How strange my head feels." There was great incoherency on attempting to express her ideas.

Marked muscular erethism, especially of the extremities, simulating chorea. Many ridiculous or extravagant acts or expressions, like idiocy, while she seemed perfectly

conscious, and at the next moment would appear chagrined at her conduct, and said she could not control her actions. Disposition to laugh or jest at everything. Stupid look for a moment. Changeable humor; one moment laughing, the next crying. Great dryness of lips, mouth, and throat, *without thirst*. Strong inclination to sleep without the ability.

Next day there was pain in the lumbar region, and considerable prostration, but as camphor was used rather freely as an antidote, the prostration may in part have depended upon that.

In three or four days she had fully recovered. Lochia was not wholly arrested.

REMARKS.—It would not be proper in this paper to give a detailed history of this drug, and I therefore content myself with a few remarks upon its peculiar *characteristics*.

*Spasmodic false labor-pains*.—It is frequently given by old nurses after parturition to produce contraction of the uterus, and thus prevent hemorrhage.

Idiotic expression; want of will power; foolishness; alternations of laughing and weeping.

Vertigo; reeling when walking in the open air. (Is this the case in the house? All our observations mention the "open air.") Sensation of expansion of the skull.

Illusions of vision; numbness and fulness of the hands.

The central characteristic symptom seems to be—and it is one which all proves experience—*great dryness of the mouth and throat without thirst*.

The following proving of *Oleum Cajuputi* by Dr. Ruden, has many points of interest. The white, moist, sour-bitter, rough tongue in the morning, with sensation as if scalded, and *no thirst*, remind us of *pulsatilla*; so also does the position of the arms when sleeping. Sadness and downheartedness with disposition to cry, and the peculiar desire for food, with disgust at it when brought to him, are all similar to *pulsatilla*.



If the eruption like measles was the result of the proving, it ought to divide the palm with *pulsatilla* in the treatment of that disease.

Other symptoms will be recognized which are quite similar to *baptisia tinct.*, especially the symptom, "Felt as if I could not get myself together."

Several of the symptoms are also similar to *natr. mur.*, especially, "He does not want to be spoken to."

It ought to be valuable in the treatment of typhoid fever.

The following is the contribution by Dr. Ruden :

### PROVING OF OLEUM CAJUPUTI.

BY C. RUDEN, M.D., KANKAKEE CITY, ILLINOIS.

*August, 1869.* Weather warm and dry. The experimenter being in a healthy condition, and all the functions of the body normal. Temperament lymphatic. Pulse, 72.

*August 10th, A.M.* Took 5 gtts. Burning in the throat, down to the stomach ; pain in the right lung. After four hours: Erections, with great desire for an embrace. After five hours: Intense itching, aggravated by scratching, lasting two hours. Sleep with amorous dreams, without emissions. At 12 o'clock (midnight) on rising in bed, stitching pain through both knees, lasting a quarter of an hour (never had such pains before). On going out of doors at midnight, could not see ; rubbed his eyes to bring sight. Wanted to sleep with his arms locked under his head, for the first time.

*August 12th, A.M.* No appetite ; tongue moist, feels as if scalded, looks white and rough ; pulse 70 ; sensation as of burning in the face (had same sensation last night). On retiring at night, sleep full of amorous dreams. Was called at midnight, and on rising, passed water freely. After visiting my patient, retired again and slept soundly until 6 A.M.

*August 13th*, 8 A.M. Took 7 gtt. After ten minutes: Sticking pain above the orbital arches, relieved by pressing the hand on the parts; worse on removing the hand. After one hour: Soreness across the chest, with pain in the left shoulder; sensation in the arms as if they were tied to the body, especially the left one; feel cold, and cold sweat all over the body; no thirst and no appetite; pain across the chest.

12 P.M. Took 10 gtt., followed by nausea and pain in the right side, below the ribs.

6 P.M. Pain over the left eye and through the left malar bone. On going to supper, it was with great difficulty that I could walk, from weakness and pain in both knees. Went to bed without supper, and was better on lying down. Was called at 10 P.M. to go in the country; felt as if I could not get myself together, and could not find my clothes for some time, although they were quite near; better in the open air, but on riding, my lungs felt as if they were loose, and that I must hold them together by pressing on them.

*August 14th*. Passed water this A.M. at 6 o'clock, the first for thirty hours. The urine is dark red, and smells like that of cats. Very (uncommonly) profuse and weakening sweat. Felt very much offended on being called last night.

9 A.M. Joints feel enlarged, with some pain; same kind of pain in both shoulders. Feel all over as if I had been poisoned. Taste in the mouth between sour and bitter; much water in the mouth; want to spit a great deal. Always had salty taste, *now* have sweetish taste. Smoking tobacco makes me feel like vomiting. No appetite; have eaten nothing since yesterday.

12 P.M. Some appetite, but when I get what I had previously desired, then I do not want it. Feeling as if I did not want any one to speak to me.

*August 15th*, 9½ A.M. Took 10 gtt. Tongue looks white and rough; feels as if it were scalded, and as if the skin

would peel off; it looks like a calf's tongue; pulse 74, languid. "He looks around the eyes as if he had taken too much liquor" (Dr. Moore). I was met by an old acquaintance this morning who asked me if I had not "been on a drunk." On looking down, my nose is most prominent; it looks as if it were large and extending out from the face.

11½ A.M. Feel sad and down-hearted, as if I could cry; do not want to be spoken to; feel better in the society of ladies; do not like to talk with the men, but can laugh and make free with the women (am naturally bashful). Left arm feels as if it were out of joint; cannot raise it without pain; pressure on the inside of shoulder-joint gives sharp pain, which seems to act most on the left side; pain in the right eye. On riding into the country last night had griping pain in the bowels.

*August 16th.* While taking the medicine I was costive, but now have diarrhœa, watery, yellowish, with itching around the anus; no pain; feel tired and sleepy. Diarrhœa by day, *and worse by night*; bowels moved about ten times; no appetite or thirst.

*August 17th.* An eruption has made its appearance as thick as measles, all over the arms and body, and upper portion of legs. Frontal headache, worse on bending forward, especially in the eyes.

(To be continued.)

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## ON THE EFFECTS OF THE WHITE-PINE FUNGUS.

BY R. FULLER, M.D.

A SHORT time ago my attention was called to the effect produced by the *white-pine fungus* upon Mrs. Aber, of Cherry Grove. She was recommended to put an ounce or two of the fungus into a pint of whisky, and to take a quantity of it thrice daily, in order to restore her lost strength. But, instead of having the desired effect, it



produced chills and a shivering sensation, with pain in the back, and heavy, dull headache. After gaining all the information I could regarding its effects, I procured some of the fungus, and tried it on myself, with the following results:

*May 11th.* Took 30 gtt. of the tincture. In one hour thereafter I felt a peculiar sensation, as though I would like to get away out of sight and lie down; head ached and felt weary; ate my dinner, appetite being good; slept well during the night, but felt somewhat sore and lame in the morning.

*May 12th.* Took 40 gtt. about 8 o'clock, A.M.; about 10 o'clock felt very badly, with aching and sore sensations along the spinal column; with severe headache and soreness over the eyes; with paroxysms of chilliness, and cold, shivering sensations, followed by feverishness (which was reduced by hot baths and Aconite 2<sup>c</sup>); sickness at the stomach; could eat no supper; sleep disturbed and restless; next day felt as if I had had a spell of sickness.

#### *Clinical Experience with the Pine Fungus.*

*May 23d.* Was called to see Mr. T., who had returned from a trip down the river, and had fever and ague. I dropped a single drop of the tincture into two ounces of water, and directed that a teaspoonful should be given three times a day. After the first day, the chills and fever did not return, but he remained weak, with poor appetite. I then gave *Nux vomica*<sup>30</sup>, and he sent me word on the day after that he was well.

Mr. Smith, of Balltown, a lumberman, had had intermittent fever for four months, which other doctors had failed to cure. Being called upon to prescribe for him, I dropped one drop of the tincture into four ounces of water, and directed that a teaspoonful of the solution should be taken every four hours. He was promptly cured of his intermittent (in four days), but a feeling of weakness and

want of appetite, which remained, required *Nux vomica* for its removal.

I have noticed, I think, that after the remedy has arrested the intermittent paroxysms, its use should be abandoned, as subsequent doses seem to produce a general ill effect upon the system.

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### CLINICAL CASE.

BY PEMBERTON DUDLEY, M.D.

#### *Angina Pectoris—Oxalicum Acidum.*

As there is among medical writers a general complaint of a dearth of reliable records concerning *Angina Pectoris*, perhaps the following case may possess some points of interest. It would have been offered for publication ere this, but for an impression that the curative remedy had been given in alternation with another. A recent reference to the notes of the case, however, shows that such was not the fact, at least until after very decided benefit had been obtained during the use of the *single* remedy.

*December 5th, 1862.* Mr. J. T., age about 45; occupation, a carpenter; habit of body, spare; temperament, nervous, bilious; of good health generally, and temperate in all his habits.

Pains commencing in the precordial region, extending up the sternum, and darting out across the chest, particularly towards the left side. Sharp stitches or lancinating pains through the chest, compelling him to keep perfectly quiet in one position. The arms folded across the chest; the face haggard; the trunk bolt upright in a chair, and the whole manner and appearance indicative of intense suffering. Cramps in the muscles of the extremities; short, sharp, cutting pains in the extremities, especially the arms and the deltoid portion of the shoulders; sense of suffocation; dyspnœa, manifested in short jerking inspirations; the quantity of air inspired being less and less

at each successive effort, until at the greatest intensity of the paroxysm, the function seemed to be entirely suspended. The paroxysms lasted about one minute, with intervals of perhaps two minutes, during which there was almost perfect relief from the pain. Pulse accelerated, and somewhat irregular in its rhythm. A strong conviction that he should "die in the next paroxysm" seemed to be a prominent feature of the case.

With the utmost care I could detect no cardiac trouble, nor indeed could I find any other condition to account for the symptoms. There was no delirium as yet, no sensitiveness of the spinal column, and no indications of fever, while the health of the patient, as already stated, had been previously very good. I prescribed *Ars.* in water. The attack lasted perhaps twenty or thirty minutes, when it passed off, but recurred again in the evening, and with equal severity.

*December 6th.* Return of the paroxysms, attended with coldness of the surface and clammy perspiration; pain more violent on the *right* side, especially in the arm, "as though a knife were plunged into the shoulder joint and then drawn down the arm to the end of the little finger." *Ars.* and *Dig.* every hour, in alternation.

*December 7th.* Patient much worse; the attacks come on more frequently and last longer. Delirium during the paroxysms (but not during the intervals); makes a feeble effort to rise from the chair, and says, "Now I must go," this expression being repeated twice or thrice during each paroxysm. Tells me *he has been troubled with ascarides nearly all his life, and recently more than usual.* *Spigelia*, 3d, every hour. This remedy, suggested by the presence of ascarides, seemed also to be indicated by the symptoms.

*December 8th.* Paroxysms occurring more frequently during the day, and a violent one this morning lasting four hours. Paralysis of inferior extremities, lasting throughout the attack. Sharp stitching pain in deltoid muscle, confined to a small space; costiveness; great pros-



tration; pains now mostly on right side. *Spig.* and *Nux v.*, alternately, every hour.

This afternoon I consulted Dr. N. May, of Holmesburg, in reference to the case. He at once suggested *Oxalic acid* as being *the* remedy. Commenced its use about 4 o'clock, p.m.; third dilution, every hour.

*December 9th.* Visited the patient at 10 A.M., in company with Dr. May, and found very decided improvement. Light paroxysm last evening, and a still lighter one this morning. Dr. May examined the case with care, but could detect no cardiac disorder. He, too, was inclined to the opinion that the violent symptoms were the result of irritation induced by the presence of ascarides. The *Oxalic acid* was continued throughout the day, followed for a few days by the same remedy in alternation with *Spigelia*. There was no return of the paroxysms, except a very slight one on the evening of the 9th.

Heard from the patient about four years later, and there had been no recurrence of the complaint.

#### INDICATIONS.

*Oxalic acid.*—Peculiar numbness, approaching to palsy; pains excited or aggravated by movement; jerking pains, like short stitches, confined to a small space and lasting but a few seconds; symptoms remit for some hours or days; violent symptoms of irritation in alimentary canal; costiveness; difficulty of breathing; oppression of the chest, especially towards the *right* side; sharp darting or lancinating pains in left lung and heart; numbness and weakness in back and limbs; coldness and complete loss of power of motion in the legs. *Oxalic acid* will also be found to be indicated by the sharp lancinating pains in the arms, and especially by the peculiar form of dyspnoea which this case presents, the jerking inspiration and the sudden and forced expiration, as though the patient made a sudden effort to relieve himself of intense pain by expelling the air from his lungs.

## VULCANIZED RUBBER PLATE IN DENTISTRY.

BY J. B. WOOD, M.D.

THE use of the vulcanized rubber plate in dentistry is a fruitful cause of disease. Any homœopathic physician acquainted with its composition will have no hesitation in pronouncing it totally unfit for the purposes for which it is used. If mercury, by evaporation at an ordinary temperature, causes salivation and produces other evil results, how much greater will be its effects on the human system by being constantly acted upon by the secretions of the salivary glands, heat of the mouth, and the process of respiration.

The attention of the writer was first directed to this fact by his son, Dr. H. C. Wood, whilst visiting a patient who had been long afflicted, and the cause of whose suffering it seemed difficult to ascertain, and who, for fourteen months, had been using a set of teeth on a vulcanized rubber plate. The patient was unwell for some time without being, seemingly, very ill, and had a loathing of food, partaking of very little, as it gave much distress.

The most noticeable signs of disease, at first, were a feeling of general *malaise*, with derangement of the stomach and liver; the derangement of the stomach being indicated by loss of appetite, and of the liver by jaundiced appearance and clay-colored stools; the bowels were also constipated. Afterward, the patient had symptoms similar to salivation, viz., profuse secretion of saliva, sore throat with much redness, then of a gray ashy color, with some follicular enlargement. There was likewise a slimy appearance of the fauces, from which was frequently detached a tough stringy mucus—so tough that the patient had fears of such an accumulation as would choke her, or that she would be unable to expectorate. She remained in this condition for several weeks.

At this juncture a diarrhœa supervened; the stools consisting of various-colored discharges, mostly of a greenish

character, and containing a mucus such as had been detached from the throat.

This condition continued about three weeks.

At the time of the diarrhœa setting in, the teeth were, by request, laid aside, and have not been worn since. I may here say that diarrhœa usually produces prostration, but it did not in this case; on the contrary, the patient gained in strength.

Since dispensing with the teeth, the general health of the patient is much improved, and she bids fair to regain her usual health under the mercurial antidotes.

I will close by saying that, soon after the use of the teeth on rubber plate, the disordered condition began, and soon after they were dispensed with, convalescence commenced. Several other cases could be cited in support of the position of rubber plate being positively injurious.

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## CLINICAL CASES.

BY SAMUEL SWANN, M.D.

### *Acidum Lactis in Morning Sickness during Pregnancy.*

MRS. H., a healthy brunette, two months pregnant with her first child, had *nausea* and *vomiting* in the *morning on rising* and *after eating*, with *water-brash* so profuse as to require the constant use of a spittoon, while at night her pillow was saturated with saliva. Gave one dose *Acid. lac.* 1<sup>m</sup>, and in less than an hour the water-brash had ceased, and she had no return of that or the nausea.

In this, as in several cases where the morning sickness had been cured with *Acid. lac.*, I did not again see the patient till confinement, there being apparently entire exemption from the usual derangements attendant on pregnancy.

I use the 1<sup>m</sup> potency, because one dose at night is sufficient, while with the 15th, 30th, and 200th, I have sometimes been obliged to repeat the dose.



*Cerebral Irritation—Apis mel.*

A male infant, seven months old, with large head and large prominent hazel eyes. *Symptoms*: single, sharp, shrill scream, both while sleeping and waking; at the same time raising the hand to the head back of the ears; bores the head in the pillow; *breathes heavily* and *with difficulty*, and *gasping*; vomits food as soon as taken, followed by retching; *retention of urine twenty-four hours*; small movement from the bowels, dark, and *smelling brassy*; high fever; *full pulse*; short sleep; eyelids half open, pupils turned up. Gave *Apis* 1<sup>m</sup>, one dose dry on tongue. In one hour after, he urinated profusely; urine of a dark color and strong, urinous odor. Six hours after, had a profuse evacuation, olive green, slimy, and full of bright red lumps, like chopped beet, with colic and tenesmus. The next day he was well, and continued so. The mother states, that after taking the remedy he did not scream, and the breathing became easier very soon.

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## INTERMITTENT FEVER.

BY C. SCHAEFER, M.D.

Not a year ago, I made a suggestion to a friend looking toward the establishment of a medical correspondence with a limited number of reliable homœopathic physicians, the subject to be Intermittent Fever; the mature results of such correspondence finally to be published. Each correspondent was to give a minute description of the sort of country, climate, &c., his cases were contracted in; *characteristic* symptoms, and means used to remove the disease, &c., &c. Deeming this method the only course to establish certainty in our treatment of intermittent fever, I was full of hope; but my friend was of different opinion, and informed me that there was no need of such correspondence, since it already existed, pointing to the cases reported in our Journals. He moreover expressed his

surprise that I could not cure intermittent fever; *he* curing his own cases with high potencies—with some exceptions, however, where Fowler's solution, quinia, &c. (not to mention a certain blue powder which I know him to make use of), seemed indispensable.

As regards the medical correspondence pointed out to me, it amounts to this: A physician, reliable or otherwise, cures a number of cases, and publishes the result, often too hastily copied and colored up from memory, without giving an idea of the weather or characteristics of the country the disease was contracted in—not even a *characteristic* symptom of the individual case itself, which might guide us to the remedy. It is simply impossible that such correspondence can be of any practical value. It is impossible that we shall ever know if *Ipecac.* cures cases of marsh intermittents only during the hot season (August), failing later or when the cold and drizzly rains set in, with little, if any, alteration in symptoms. It is impossible to know why *Nitrum*, in a dose of ten grains, suspends the disease in the midst of a paroxysm in one instance, and produces an alarming remittent in the other; or to know why *Veratrum* will merely palliate the desperate purging and vomiting, and *Nitric acid* effect a cure after the case had been previously suppressed with Quinine; or why Nitric acid will promptly arrest the paroxysms of an individual one season, and leave the work for *Pulsatilla* another, *there being only the absence of the Nit. ac. sweat.\**

The hit and miss practice of the present day is not benefited any by much that is published. The better part of this "medical correspondence" only goes to prove that

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\* In addition to what we find in the *Materia Medica*, experience has taught me that Nitric acid will promptly cure the most desperate headaches, usually accompanied with fever, after the chills were suppressed by Quinine; aggravated or coming on towards evening, excruciating from 11 until 3 or 4 o'clock, A. M.; requiring attendants to hold and press the head between their hands. Currents of air may reproduce this pain when free from it.

the characteristics of both remedy and disease are to be studied. Those Fowler sol. and Quinine exceptions can only be solved by a few close investigators, who have ample opportunity and the patience to continue the work. That burning desire to rush into print will never lead us forward.

Case No. 2 of Dr. Marsden\* is anything but one from which correct conclusions can be drawn. I speak from a twelve-years' experience in Northern Indiana. There is not a "trace" of the remedy discoverable, as the Doctor thinks. A medical aggravation would have occurred in the paroxysm previous, and, having appeared, not over half a dozen at farthest would have terminated the whole. It was a chronic case aggravated by new exposure, cured by climate and diet, and gradually dying out as the force of this new exposure was spent.

The change of diet is important in chronic cases, and lemon-juice, hard cider, coffee, sourcrout, &c., are all popular remedies, often acting beneficially on a system dulled to the action of medicine.

To substantiate my views, I will give a sample case. During August, 1869, a lady, who had a few paroxysms one and two years previously, was prescribed for; tertian, anticipating two hours. Prominent symptoms were, uncontrollable stretching, followed by excruciating bone-pain, backache, and as if the joints would separate. After several weeks' ineffectual treatment, and hearing of chilliness on motion during paroxysm, *Nux v.* 3d was given. Each return proved lighter until after the fourth, and for several days she remained free from any fever, having only some aching at the usual *anticipating* time. Unfortunately I could not publish the case had the desire existed. She was under my own eyes, and all came back with the former vigor, *Nux v.* and several other remedies remaining ineffectual. *Puls.* 3d had the same effect as

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\* See Hahnemannian Monthly, Vol. V, p. 451.



Nux. v.; each paroxysm decreasing, anticipating type remaining, and suddenly, without apparent cause, returning in full force. Quinine 1 only held the disease at bay. After she had been several weeks in Massachusetts, where her case was even more aggravated than in Indiana, the following appeared, during the more aggravated paroxysms: she feels better when *sitting up, chills relieved on sitting to the hot stove*. Other symptoms, such as thirst, appetite, &c., were so contradictory as not at any time to have merited any attention. I gave her Ignatia 3d, and she had but one paroxysm thereafter.

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## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

### *Stricture of Œsophagus—Rupture—Cure.*

July 21st, 1870. I was called by Dr. Shreve, of Berlin, New Jersey, to see a German, about 45 years of age, with an obstruction in his throat which entirely prevented him from swallowing either liquids or solids. He had been in this condition for some time back, having been wholly nourished for the past three weeks by injections per rectum. His difficulty was supposed to have been the result of a violent cold. He constantly hawked up quantities of frothy mucus. Any attempt at swallowing would be followed by distressing symptoms of strangulation. Throwing back the head and drawing forward the tongue, I was enabled to control the epiglottis with the forefinger of my left hand. Exploration with an instrument by my right revealed a firm resisting stricture at the entrance to the œsophagus. Allowing the patient to rally, I then with difficulty forced a dilator, having a small bulb the size of a pea, through the stricture.

The larger sizes were used successively at intervals, when the stricture could be distinctly felt to give way. The passage was dilated enough to admit a flexible tube three

eighths of an inch in diameter, which was passed down to the stomach ; this was attached to a pump, by which a pint of liquid nourishment was injected. This was repeated by his physician the following two days.

*July 24th.* I further dilated the stricture, causing the parts to bleed freely.

*July 26th.* I passed my largest instrument, six eighths of an inch in diameter.

*August 3d.* I saw him again, when his physician informed me he had been able to chew and swallow in one day six soda biscuits. He still continued to receive the greater part of his nourishment by the rectum, however. I again passed the largest dilator.

*August 6th.* His physician writes that it will not be necessary to see him again, as he can swallow both liquids and solids. The medicines he received were Puls., Merc., and Spong.

#### *Spina Bifida—Excision.*

I was called, August 4th, 1870, by Dr. Davis, of Philadelphia, to see a child three days old, suffering with a large congenital spina bifida, over the last two lumbar and all the sacral vertebræ. The mass was irregular and ovoid ; its longest diameter, which was vertical, measured about four and a half inches, the transverse three inches, and depth two and a half inches. The tumor had evidently flattened by the exudation of fluid during the delivery, but still contained a quantity of straw-colored liquid. Should such a mass as this be allowed to slough off—either in the natural manner or by ligature—the irritative fever accompanying such a process would certainly cause the death of so tender a babe. I made a semi-elliptical incision on either side of the mass and removed it by dissection, allowing sufficient tissue for flaps. About a gill of fluid escaped. Spongy-like tissue was removed from the base of the tumor, and the spinal canal fully exposed, the spinous processes of the two lower lumbar and three upper sacral being wanting. The hemorrhage was free,

but fully controlled, and the flaps brought in the most complete apposition by numerous sutures. Several secure compresses were applied to prevent the further flow of liquid from the spinal canal. I saw the child on the third day and found it in excellent condition, and up to the present writing, August 9th, this remarkable case, contrary to orthodox teachings in such cases, promises to make a good recovery.

In June last, at the College, I removed a perfect cambric needle from between the eighth and ninth ribs of a sewing-girl. The needle had been carelessly swallowed over six months before that time. The pain in the chest had been a constant attendant. I made the incision at the painful point, on the strength of the woman's statement, and both were gratified at the result.

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## Medical and Surgical Annotations.

BY THE EDITOR.

Sir JAMES YOUNG SIMPSON's brain weighed 54 ounces.

Sir JAMES CLARK, medical adviser to the Queen of England, died at Bagshot Park, on the 30th of June last, aged 82 years. He was a man of distinguished attainments, but his writings were more of a hygienic and physiologic than of a strictly medical character.

Dr. COPLAND, who died on the 12th of July last, was one of the most learned and laborious of medical writers. His *Dictionary of Practical Medicine*, entirely his own work, has been, for many years, green fields and pastures new to innumerable nibblers in the domain of medical literature.

*Arsenic in Irritative Dyspepsia* is the subject of a paper in *The Practitioner* for July, written by Dr. Thorowgood, an English allopathist. He relates how he has used it with success, in such cases, and gives the following as indications for its employment: "The small irritable tongue



with projecting papillæ and yellow or gray fur, indicates *arsenic*; vomiting and burning pain after food also point to the use of this drug." The *Monthly Homœopathic Review*, cites this as another instance of the "absorption" of Homœopathy by the "regular" school of medicine.

*Hamamelis* is highly recommended as a remedy in *uterine hemorrhage*, by Dr. D. Dyce Brown, who illustrates its usefulness by citing several cases occurring in his practice. He says, "I should not think of recommending *hamamelis* in post-partum hemorrhage, for in such a case we want to get contraction of the uterus produced; nor in cases where 'uterine pains'—that is, true labor pains, such as occur in threatened abortion—are present, for there we should only cover part of the symptoms with *hamamelis*. But other kinds of pain, such as are generally felt in cases of menorrhagia, such as aching in the back, boring pain in the back, sensation of down-bearing, and pain in either ovarian region, are not by any means contraindications, but are much relieved or removed by the use of *hamamelis*. At the same time, hemorrhage simply, accompanied with no sort of pain, and especially that form of hemorrhage occurring in threatened abortion, and remaining after uterine pains proper have been subdued by other remedies, would lead me at once to think of *hamamelis* in preference to any other remedy.—*Monthly Homœopathic Review*, August.

A *Homœopathic Pharmacy* has been established at No. 234 Sutter Street, San Francisco, California, by Messrs. Bœricke and Tafel, under the direct charge of Mr. William Bœricke, formerly of Philadelphia, which will doubtless prove of great advantage to our brethren on the Pacific coast. This enterprising firm of homœopathic pharmacutists and publishers have now an establishment in New York, two in Philadelphia, and one in Baltimore, in addition to the San Francisco branch.

Experiments with *Conia* (from *conium maculatum*)

made by Drs. Dyce Brown and Davidson, of Aberdeen, on inferior animals, confirm Dr. Harley's views of the action of that drug, viz., that, "*Conia's* chief action is that of a paralyzer of the cranial motor centres in the first place, and, secondly, of the spinal centres, and not of the periphery of the motor nerves."—*Monthly Homœopathic Review*, August.

ONE of the minor disastrous effects of the Franco-Prussian war, has, probably, been to prevent the meetings of the *Central Society of German Homœopathic Physicians* and of the *Homœopathic Physicians of Rhineland and Westphalia*, as we learn from the A. H. Z.

SOME of the "eye symptoms" of *Borax* have been subjected to criticism in the *American Journal of Hom. Mat. Med.*, for July. Dr. T. F. Allen, of New York, says he has given it a thorough trial, in all potencies, and both internally and locally, in *Trichiasis*, "without the slightest good effect." Dr. M. Macfarlan, of Philadelphia, declares that *Borax* is *not* indicated in scurfy inflammation of the margins of the lids, Bœnninghausen to the contrary notwithstanding. Dr. Hering, on the other hand, who regards *Trichiasis* as a *symptom*, thinks it can be cured by medicines that are homœopathic to the totality of symptoms; and a similar opinion is held by Dr. Guernsey. *When doctors disagree, &c.*

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## EDITORIAL NOTES.

### OUR COLLEGES.

IT is with a feeling of great satisfaction that we call the attention of the profession to the marked activity and energy exhibited by our medical schools. There is evidence, on all sides, of a determination to offer increased facilities for acquiring a thorough knowledge of medicine and surgery, practically as well as theoretically, and a desire to do something decided towards the accomplishment of that task of apparently great difficulty—"Elevating the standard of medical education." We have received the announcements and catalogues of the following Institutions,

viz.: The Hahnemann Medical College, of Philadelphia; The New York Homœopathic Medical College; The Cleveland Homœopathic Hospital College; The Hahnemann Medical College, of Chicago; The New York Medical College for Women; and the Cleveland Homœopathic College and Hospital for Women. From the institutions of St. Louis we have received no report. A few words devoted to each, in the order named, will be appropriate at this juncture.

IN THE PHILADELPHIA SCHOOL, now in its twenty-third year, great activity is manifest. The encouragement the institution received, in the large class of last winter, determined the Trustees and Faculty not to wait for the accumulation of a large fund for hospital purposes, but to proceed at once to the erection of a hospital suitable for clinical purposes, that students might receive the benefit of clinical teaching; which is very properly regarded as an absolute necessity. With this view, the funds raised at the recent fair will be appropriated to the erection of a sufficiently large and commodious hospital building in the rear of the old College. The work is now making rapid headway, and is under contract to be, and will be, completed by the 1st of October. The main hospital building will have a width of 22 ft., and a depth of 72 ft.; to which will be attached a wing 35 ft. in depth. In the basement will be the hospital kitchen, and the superintendent's and matron's apartments; the first floor will be appropriated to the receiving ward, office, and resident physician's rooms; the second and third stories will form public wards, 72 ft long, with two rows of beds in each, and two private wards; the fourth story will be used as a laundry, drying-room, and store-room, but can at any time be converted into a ward. Bath-rooms and water-closets will be found on every floor, and a dumb-waiter will lead from the kitchen to every ward. An "elevator" will afford facilities for the transportation of patients from floor to floor.

In the college building proper, a new and enlarged amphitheatre has been constructed, abundantly lighted from a large skylight, which fulfils all the indications required of a room for operating and demonstrating; and other contemplated improvements will be completed before the opening of the session. *Numerous valuable additions* have been made to the museum and library. The Faculty remains the same as last year. With all the advantages derivable from the new college hospital, and with a convenient and in every way suitable college building, one of the most complete medical museums in the country, and an able and active corps of teachers, we feel justified in saying that the Philadelphia school presents facilities for acquiring a thorough knowledge of medicine and its collateral branches, seldom equalled, in our opinion, and certainly not surpassed, by any similar institution in America.

It is noticeable that the "Annual Announcement" of the NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, for the session of 1870-71, is entitled "NEW SERIES, No. 1." This is due to the fact that a revolution has been effected in that institution, radical and sweeping in its character; and



the old has given place to a new régime. And the change that has been effected is not more radical than beneficial; for the array of talent exhibited in the list of its teachers, twenty, in all, gives evidence that the New York school means "business." The distinguished surgeon, Professor Helmuth, of St. Louis, who will remove to New York, leads off the list, and we notice besides, such names as Liebold, Morgan, Lilienthal, Dunham, Allen, Kellogg, Rockwith, and others. With considerable present facilities for clinical teaching, the promised new Hahnemann Hospital, which has been largely endowed by the State and the City, will, by and by, add greatly to the usefulness of the institution. The trustees announce that "as far as may be found practicable, this college will at once adopt and act upon the recommendations of the American Institute of Homœopathy, looking toward an elevated standard of medical education and a graduated course of study;" to which we would remark, *en passant*, that this is all very well, but it seems to us a great pity that not one of our Colleges, excepting the New York Medical College for Women, seems willing to *trust the profession*, and to adopt and make imperative the ideas conveyed in the entire platform recommended by the American Institute. We believe it would "pay" to do so.

THE CLEVELAND HOMŒOPATHIC COLLEGE has long been favorably known as an efficient medical school, and is now in its twenty-first year. The beautiful building, formerly known as the Humiston Institute, and situated on the "Heights," serves the purposes of both hospital and college, and during the past year it has been enlarged and improved. During our recent trip to the meetings of the State Society and the American Institute, we were afforded the pleasure of a visit to this double institution, under the friendly guidance of the amiable Professor Schneider, and we were greatly pleased at the evidences of energy and zeal apparent in the establishment of this well-appointed hospital and college; the former of which would compare favorably, in every respect, with older and larger establishments. Attached to the hospital, is a special department for the treatment of diseases of the eye and ear, under the care of Professor T. P. Wilson. With ample facilities for affording clinical instruction, and with an able corps of teachers, Cleveland school may reasonably look for large classes of students.

THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO has reason to be proud of its achievements during the past year. A new college building, capable of seating upwards of two hundred students, and containing all the most approved modern conveniences, the corner-stone of which was laid during the recent session of the American Institute, is expected to be completed before the commencement of the winter session, in October. The SCAMMON HOSPITAL recently erected in close vicinity to the college, will afford ample clinical facilities. Altogether the Chicago school is in a most flourishing state, and has, as we know, thoroughly competent teachers occupying its chairs.

Last, but by no means of least importance on our list, are the colleges especially devoted to the instruction of women in the science and art of medicine. Of these there are two: the CLEVELAND HOMOEOPATHIC COLLEGE AND HOSPITAL FOR WOMEN, and the NEW YORK MEDICAL COLLEGE FOR WOMEN, the latter now in its eighth, the former in its third year. These two schools afford ample facilities for the instruction of women, and their graduates are, *cæteris paribus*, as well prepared to do battle with disease, as are those of medical institutions devoted exclusively to the instruction of men. The Cleveland school, to which we paid a visit on a recent occasion, at the invitation of Professor Saunders, gives evidence of a vitality that is gratifying, and will open its forthcoming session, as is stated, under most favorable auspices. In the New York institution, during the past season, extensive additions to the building have been made, consisting of an anatomical room, and two large rooms for additional hospital wards. Three thousand dollars have been appropriated for the purchase of apparatus for the surgical and chemical departments, and for additions to the museum and library. The hospital, in the college building, affords every facility for the study of obstetrics, and of diseases of women and children. The following well-known names are found in the list of professors, viz.: Drs. J. C. Minor, F. S. Bradford, S. Lilienthal, S. P. Burdick, E. M. Kellogg, T. F. Allen, and F. A. Rockwith.

We trust the profession will do all in their power to encourage these meritorious institutions, and we most cordially wish them success.

TO SUBSCRIBERS.—The publisher of the *Hahnemannian Monthly* desires to inform subscribers who have neglected to pay for Vol. V, that the monthly parts of Vol. VI will be mailed regularly to their address, unless regular notice to discontinue is served, and they will be held responsible for the subscription price of both volumes. The *very few* subscribers who are thus delinquent, will please take notice.

HECLA LAVA.—The notice in the July number of this journal, that the editor would furnish physicians applying for it with a small quantity of the new agent, created such a demand for the article that the limited supply was nearly exhausted. Hereafter all physicians wishing the lava can procure it of Messrs. Boericke & Tafel, at their pharmacies in Philadelphia, New York, Baltimore, or San Francisco.

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## PUBLICATIONS RECEIVED.

A TREATISE ON DISEASES OF THE EYE; FOR THE USE OF GENERAL PRACTITIONERS. By H. C. ANGELL, M.D., Boston: James Campbell, publisher, 1870. Pp. 327.

The progress made within a few years in the diagnosis and treatment of diseases of the eye, is most wonderful; a new department in medicine and surgery having been almost *created* by the labors of such men as Von Graefe, and by the discovery and utilization of the ophthalmoscope.

And so varied and complex have these diseases been found to be, and so great an amount of skill, knowledge, and judgment is required for their proper treatment, that, naturally and very properly, the whole subject has fallen into the hands of specialists. For it is not in the nature of things that the general practitioner should be an accomplished oculist, and, indeed, it may be said that the skilful oculist, like the poet, is born, not made. Notwithstanding all this, however, a knowledge of diseases of the eye, together with a measure of ability to recognize and treat the different varieties, should form a part of the acquirements of every general practitioner. And this is particularly true of the homœopathic practitioner, who is enabled, by following the law of cure as his guide, to cure many general cases regarded as strictly surgical by the old school, and who will be enabled, in course of time, to cure many cases of eye diseases, now regarded by oculists as amenable alone to operative procedure.

The author of the work before us modestly states that his book "is written, not for specialists but for homœopathic physicians in general practice; for those too busied with the whole, to devote a great amount of time to any one part of medicine and surgery. The endeavor has been, to treat the subjects embraced, clearly and concisely, in the hope of presenting a volume attractive enough, and small enough, to induce the busiest to give it some attention." With this object in view, the author has, in the main, *most admirably fulfilled his intention*. He has presented a work that contains a vast amount of information, stated in so plain a manner as to be readily understood, and, at the same time, affording a sufficiently comprehensive view, for general purposes, of the subjects treated of. The book opens with a brief sketch of the rise and progress of ophthalmic surgery; this being followed by a chapter on "Examination of the Eyes," which will be found invaluable to the general practitioner. A chapter on the ophthalmoscope and the methods of using it, paves the way for the succeeding chapters, fourteen in number, treating of special diseases of the eye, and their treatment; the various diseases being arranged according to the parts of the eye and its appendages affected. Chapter XVIII treats of injuries of the eye; Chapter XIX gives a list of remedies, with the subjective and objective symptoms for which they have been found useful in the practice of the author; and the work is concluded, in Chapter XX, by a well-arranged and carefully selected series of "test types." A copious index greatly enhances the value of the work.

Much as we find to commend in Dr. Angell's book, however, we confess to a feeling of disappointment at the meagre references to strictly homœopathic medical treatment. This, we are well aware, is not altogether the fault of the author, who has availed himself of the reports of the many cases of diseases of the eye treated homœopathically, to be found in our literature; and yet, at the same time, we cannot help having the feeling that Dr. Angell is not a "believer," to any great extent, in strictly medical treatment for eye diseases. It is true, doubtless, that had our



author given more copious and exact indications for the use of our remedies his work would have exceeded its contemplated limits; yet at the same time its value in our opinion would have been greatly enhanced.

It is not reasonable to suppose that the eye alone, when diseased, of all the organs of the body, is not amenable, in most cases, to the properly selected homœopathic remedy; and, while the homœopathic treatment of eye diseases may now be justly regarded as in its infancy, yet, with the increasing facilities for treating such cases, and with the aid of such skilled oculists as Angell, of Boston, Allen and Liebold, of New York, Macfarlan and James, of Philadelphia, Wilson, of Cleveland, and others, we have good reason to hope and believe that ere long the general beneficence that characterizes homœopathic medication will be extended to diseases of the eye.

The publisher is deserving of great credit for the handsome manner in which the work is gotten up. Printed with clear type on toned paper, and handsomely bound, it is, on the whole, an evidence of excellent taste and judgment.

On sale by Bæricke and Tafel, New York and Philadelphia.

#### LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN.

By R. LUDLAM, M.D., Professor of Obstetrics and Diseases of Women, in Hahnemann Medical College, Chicago. Part One. Chicago: C. S. Halsey, 1870.

The perusal of this first part of Professor Ludlam's work, afforded us a great deal of pleasure. While it is written in a plain, practical, straightforward, and unpretentious style, it carries with it evidence of being the work of a scholarly and thoroughly qualified physician, and kind-hearted gentleman. Many works on practice, homœopathic and allopathic, are *stilted*, so to speak, in their style; written as though the author were afraid of compromising some imaginary dignity of the profession by plain speaking. Dr. Ludlam, on the contrary, puts forth his book in the simple, didactic, conversational style in which he addressed his classes of attentive students; telling, in each case, just what he notices in the patient before him, what he judges is "the matter," and what should be done for relief and cure. The cases are well selected, and calculated to afford a great amount of instruction. The references from causes to effects are most happy, and the unravelling of the tangled skeins of disease-action is frequently deeply interesting. The cases cited, however, would have been more satisfactory, if the results of treatment, in each case, could have been made known.

Dr. Ludlam's hygienic and dietetic measures are, in the main, to be commended; but we feel like taking the learned author somewhat to task on account of one feature of his medical treatment. In many (too many) of the cases given, two remedies were prescribed in alternation. The alternation of remedies by homœopathic physicians, is a weakness which too many seem unable to overcome. It means, an inability to choose, for a given case, *the* homœopathic remedy. As an expedient (and, we pre-

sume, Dr. Ludlam will not defend alternation on any other ground, Grauvogl to the contrary, notwithstanding) it is permissible in private practice, when the sole object of the physician should be to benefit his patient as he best can; but, we submit, the practice when promulgated *ex cathedra*, is calculated to do injury to advancing Homœopathy, by seeming to make unnecessary the careful study and individualization of each and every case.

The work, we are told, will be complete, in six parts, of ninety-six pages each. The present number (part one) comprises 112 pp., and is divided into six lectures, treating of the following subjects: Prolapsus uteri, with Dropsy, dating from the climacteric; Leucorrhœa, with chronic ovaritis; Morning sickness of pregnancy and retroversion; On weaning, and subsequent treatment of the breast; Galactorrhœa; Molar pregnancy—false conception; Leucorrhœa the cause of impaired lacteal secretion; Too frequent Menstruation in incipient phthisis; Abscess of the Mammary gland; Abortion with misplaced pains; Amenorrhœa, with hysterical spasms; Abdominal cramps and pains in pregnancy; Excessive abdominal development in pregnancy; Sudden suppression of menorrhagia by astringents the cause of subsequent illness; Uterine hemorrhage after twin delivery; Pseudo-prolapse of the Uterus; Hysteria; Chlorosis; Hysteria at the climacteric; Ovaritis. The work is handsomely printed on good paper. The indented headings, by which reference to the text is greatly facilitated, is a feature to be commended.

On sale by Bœricke and Tafel, New York and Philadelphia.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE, 1870. Edited by C. G. RAUE, M.D., assisted by a number of physicians. Bœricke and Tafel, publishers: New York, and San Francisco.

This handsome work of 390 pages is a monument of the industry and energy of Homœopathic physicians during the year 1869. Here is presented, in condensed form and in a single volume, that which is most *practically valuable* to the busy practitioner, lying scattered throughout the pages of some thirty Homœopathic periodicals printed in five different languages. As a member of the Homœopathic profession, we feel proud of the labors of our fellow-practitioners, and as an editor we are gratified to observe that the *Hahnemannian Monthly* has been the medium of presenting to the profession so much of interest and value in a single year. There are but few physicians who are not acquainted with the merits of Braithwaite's Retrospect. How eager we all are to get and peruse that badly printed but deeply interesting *omnium gatherum* of good things (and of some bad things) appearing in the periodical literature of our brethren of the old school. This "Annual Record" is the "Braithwaite" of Homœopathic periodical literature, with all the advantages derivable from clear type, good paper, and neat and substantial binding; and for it we are indebted to the enterprise of Messrs. Bœricke & Tafel, publishers, and to the labors of Dr. Raue and his co-editors.

The Materia Medica department, arranged by Professor Hering, forms

the initial chapter of the volume. Here we have a great number of medicines, scientifically grouped, and under the head of each all cases of poisoning, provings, remarks, characteristics, confirmed symptoms, cases cured, &c., that have appeared in the various journals during the year, arranged in a more or less condensed or "boiled down" style, and covering 92 pp. Then follows the department of "Practice," which is subdivided under such headings as "Mind," "Brain and its membranes," "Eyes," "Nose," "Pleura," "Heart," "Stomach," "Peritoneum," "Female Genital Organs," &c., &c.; and under each of these sub-headings will be found collected, all that has been regarded as most important concerning the treatment of the various diseases to which the organ is liable, appearing in the periodicals collated from. This department has been arranged by Dr. Raue, with the exception of that part relating to the eyes, which was under the immediate supervision of Dr. T. F. Allen, of New York. "Practice" very properly and naturally fills the greater part of the volume, including 238 pp. The department of "Surgery" follows that of "Practice," and has been admirably arranged by Dr. Macfarlan, of Philadelphia. We here notice succinct reports of the recent appliances in Surgery, and a number of interesting and valuable surgical cases. "Theory" follows Surgery, and is succeeded by "Posology," "Climatology," "Physiology," "Chemistry," and "Homœopathic Literature." Our readers can, perhaps, imagine, from this description, how interesting and valuable such a work must be. The following Journals have been culled to furnish its contents; viz.: *All. Hom. Zeitung*, *Hirschel's "Klinik,"* *Populäre Hom. Zeitung*, *British Journal of Homœopathy*, *Monthly Hom. Review*, *Homœopathic World*, *N. A. Journal of Hom.*, *U. S. Med. and Surg. Jour.*, *American Hom. Observer*, *New England Med. Gazette*, *Medical Investigator*, *Ohio Med. and Surg. Reporter*, *Am. Jour. of Hom. Mat. Med.*, *Homœopathic Quarterly*, *Hahnemannian Monthly*, *Bibliothèque Homœopathique*, *L'Hahnemannisme*, *El Criterio Medico*, and other French and Spanish Journals, and the "Transactions" of the American Institute, and of the State Societies of New York, Ohio, and Pennsylvania.

The general arrangement of the book is almost unexceptionable, and, as a first effort, is deserving of the highest praise. It might have been better, perhaps, if the remedies in the M. M. department had been arranged in alphabetical order, instead of the "natural" groupings adopted; but whatever inconvenience might have resulted to some practitioners from the latter method, it is obviated by the very copious index. We notice a want of exactness, or rather of method, in giving the names of journals from which extracts have been taken. For instance, the *Hahnemannian Monthly* appears as the *H. M.*, *Hah. Monthly*, *Hahnem. Monthly*, *Hahnemann. Monthly*, and possibly in other guises. This, however, is a very trivial matter; but another feature of more importance is, the inaccuracies in giving the names of authors of articles quoted. This latter is due, of course, to the difficulty experienced by the general



editor in having to deal with a variety of handwriting; and we trust that sub-editors will hereafter endeavor to give the names of writers correctly and *legibly*; for there can be nothing more irritating to a writer than to see his name mis-spelled in print.

Accompanying the "Record," we have eighty pages of "Statistics," embracing a Directory of Homœopathic Physicians throughout the world, a list of journals and other medical publications, of Colleges, Hospitals, Dispensaries, Pharmacies, &c., and containing other valuable information. This addition has been furnished by the Publishers at great labor and expense. Of course there are some omissions and inaccuracies; a verdict which has been pronounced on every attempted directory of homœopathic physicians. Its omissions and inaccuracies, however, are fewer than heretofore, and are not due to any want of effort on the part of Messrs. Bœricke and Tafel, who took great pains to furnish a correct list, and who are determined to furnish, in time, a perfectly reliable and accurate directory; and their present issue will constitute a basis upon which the complete superstructure can be reared. We are told that *interleaved copies* of the Directory will be sent to active and prominent physicians in all the states, and elsewhere, for corrections and additions, and in this way will be overcome the *inertia* of that class of the profession who will do nothing unless they can see immediate personal gain resulting from their acts.

We trust the Record will be fully appreciated by the profession, and meet with the large sale the intrinsic worth of the book merits.

THE HOMŒOPATHIC TREATMENT OF HOOPING-COUGH. By C. VON BËNNINGHAUSEN, M.D. Translated, with additions, by CARROLL DUNHAM, M.D. New York: Henry M. Smith & Brother, 1870. Pp. 199.

It seems to be a matter of very common belief, possibly established by tradition, that homœopathic physicians are able to cure that most abominable and intractable of complaints, whooping-cough. We have known persons apply for medicine for this malady, who never use homœopathic medication under any other circumstances. This opinion of the public is founded in truth, and is justified by the many brilliant cures of the disease that have been effected, and by the usual *amelioration* which follows the administration of homœopathic medicines when a *cure* does not result. *Cures* have followed, however, only in such cases as were most carefully individualized and the remedy chosen with the greatest nicety.

The work before us is just such a one as was needed to enable English-reading homœopathists to select remedies for whooping-cough with this necessary exactness, and in accordance with the true spirit of the homœopathic law. It belongs to the series of valuable monographs of which the work of Dr. J. B. Bell, on Diarrhœa, Dysentery, &c., is an excellent exemplar, and promises to be as useful in its sphere as Bell's book is in cases of disordered conditions of the bowels. After the introductory chapter, which gives an account of the history, seat and nature, causes, terminations, &c., of whooping-cough, there follows a series of eighty-two

medicines, arranged in alphabetical order, having, under the head of each, individually, the symptoms pertaining to it which have special reference to the *cough*, together with the conditions of aggravation, and the concomitant symptoms, all of which are clear and discriminative. Then follows the "Repertory," in which the medicines are arranged under appropriate headings and rubrics in such a manner as greatly to facilitate the selection of the proper medicament. To the list of remedies belonging to the original work of Von Benninghausen, Dr. Dunham has added the characteristic cough symptoms of *Allium cepa*, *Rumex*, *Kali bich.*, *Alumina*, *Angustura*, *Chelidonium*, *Corallium rubrum*, *Croton tig.*, *Eupat. perf.*, *Lobelia inflata*, *Sanguinaria*, *Hydrocyanic acid*, *Lactuca virosa*, *Sticta pul.*, *Badiaga*, *Mephitis*, and *Cocculus cacti*; all of which adds greatly to the value and usefulness of the book. It is not alone as a treatise on whooping-cough, however, that this little book will make its value appreciable: for its usefulness is not restricted to cases of cough called by that name; but it will be "available as a guide in all cases of cough of a spasmodic nature," as the author expresses it.

On sale by Boericke and Tafel, New York and Philadelphia.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY. New Series, No.

1. Edited by F. W. HUNT, M.D., and S. LILIENTHAL, M.D. Boericke and Tafel, publishers, New York and San Francisco.

It is with great pleasure we welcome the initial number of the New Series of this long-established and valuable quarterly. The present publishers promised to give the magazine the benefit of good paper and good printing, and the fine appearance of the present number demonstrates the fulfilment of their promise; while the literary management shows plainly the admixture of new life and energy, brought about by the addition of the able, indefatigable, and enthusiastic Lilienthal to the veteran Hunt, in the editorial department. The bulk of each number will consist in Original and Translated Papers, to be followed by a General Record of Medical Science, Reviews and Bibliographical Notices, and a Miscellaneous Department, successively. In the issue before us we notice particularly, a valuable article on Cough, and the Keynotes to the selection of the remedy, by the junior editor; Experimental researches into the physiological action of Eserine (the crystallizable principle of the Calabar bean); *Argentum Nitricum*, translated from the Spanish of Dr. Paz Alvarez, with editorial additions; *Collinsonia* in irritation of the Cardiac Nerves, by E. M. Hale, M.D.; Operation for the relief of deformities resulting from *Cancrum oris*, by John C. Minor, M.D.; The Law of *Similia*, traced to the Pathological changes of Disease, translated from the German of the famous Arnold of Heidelberg; *Encephaloid* of the Eye, by John C. Minor, M.D.; an article on Chronic Sore Throat, translated from the German of Tobold, by F. Seeger, M.D., with additional remarks on homœopathic clinical records in that disease; Diseases of Children, by William C. Roberts, M.D., Vice-President of the New York Academy of Medicine; and others of equal value.

The subscription price of this journal is four dollars per annum, and judging from the present number we should say that in the annual volume subscribers will get decidedly their money's worth.

**THE MEDICAL HERBARIUM: A COLLECTION OF DRIED SAMPLES OF MEDICINAL PLANTS.** By T. F. ALLEN, M.D. New York: Henry M. Smith & Co., publishers.

The publication of "The Medical Herbarium" fills a want that has long been felt, and, we doubt not, it will be gladly welcomed by very many of our practitioners in particular, as well as by pharmacutists and lecturers. It is intended to present an authentic specimen of every medicinal plant, with its appropriate name and synonyms, together with a statement of the region and kind of soil in which the plant may be found, the time of flowering, and the part used in medicine. The Herbarium will be issued in parts, each comprising ten specimens, as rapidly as possible, at the rate of two dollars per part.

Part I, just issued, contains specimens of *Eupatorium purpureum*, *Asclepias incarnata*, *Polygala senega*, *Baptisia tinctoria*, *Aletris farinosa*, *Ptelea trifoliata*, *Phytolacca decandra*, *Lobelia inflata*, *Ustilago maydis*, and *Cicuta maculata*. Each specimen is poisoned with corrosive sublimate, to preserve it, and securely mounted on thick white paper,  $11\frac{1}{2}$  by  $13\frac{1}{2}$  inches, with a fly-leaf; the whole being contained within a cover of stout pasteboard. The specimens contained in Part I are really beautiful, and are mounted with great care and taste. In addition to our own opinion on this point, we have the testimony of a friend who is an expert in such matters, and who declares that the mounting is done in first class style. Nothing can be more interesting or valuable to a physician, than specimens of the plants from which are made the greater portion of the medicines he uses, and the labors of Professor Allen and of the publishers to furnish these should be duly appreciated. Professor Allen stands deservedly high as a botanist, and as an honorable gentleman, and the members of the profession who send orders for the *Herbarium*, may rely upon being supplied with just such specimens as we have been permitted to examine and admire.

A number of other PUBLICATIONS RECEIVED, will be noticed in our next issue.

## HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES.

COATESVILLE, PA., July 5th, 1870.

THE Society met at 11 A. M., with Dr. J. S. Scott. Present, Drs. Jones, C. Preston, Smedley, Scott, Johnson, and H. C. Wood. Messrs. Bingham, Pusey, and Hoopes, being present by invitation.

The minutes of the last meeting were read and approved.

An obituary notice of Geo. C. Williams, M.D., deceased, prepared by Dr. J. B. Wood, was read.



Dr. J. B. Wood's paper on the use of "*Rubber Plate in Dentistry*," was read and discussed at length.

Dr. SMEDLEY reported curing a case of *Sciatica*, with *Phytolacca decand.*; and Dr. C. Preston reported success with the same remedy in sore throat.

In a discussion on *Scarlet Fever*, a number of remedies were recommended, as *Kali bich.*, *Ch. of lime*, *Bell.*, *Arum triph.*, &c.

The Society then adjourned, to meet with the Secretary, at West Chester, Pa., on Tuesday, October 4th, 1870, at 11 A.M.

H. C. Wood,  
Secretary.

NOTE.—I feel justified in earnestly recommending to the profession, *Arum triphyllum* and *Belladonna*, in *Scarlet Fever*. The gleetly discharge from the nose is an indication for the use of *Arum*. These remedies have proved eminently successful during a period of four years, and in a number of very bad cases.

H. C. Wood.

## HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

REPORTED BY BUSHROD W. JAMES, M.D., and ROBT. J. McCLATCHEY, M.D., Secretaries.

THE FIFTH ANNUAL MEETING of the Homœopathic Medical Society of Pennsylvania, was held in Wayne Hall, Erie, June 3d and 4th, 1870.

### FIRST DAY—MORNING SESSION.

The Society was called to order at 10 o'clock, by the President, Owen B. Gause, M.D., of Philadelphia, who thereupon delivered the inaugural address, alluding in proper terms to the present condition and future prospects of the Society.

The roll was called, and the members present were noted. The minutes of the Fourth Annual Meeting, as presented in the "*Transactions*," were on motion approved.

Dr. R. FAULKNER being the only member of the Board of Censors present, the Chair appointed Drs. H. M. Logee and W. Williamson to complete the Board. A number of applications for membership were thereupon appropriately referred.

Reports were received from delegates appointed to represent the State Society in the American Institute, and other medical bodies.

The report of the *Committee of Publication* was made by Dr. McClatchey, who stated that the proceedings of the Fourth Annual Session had been printed in pamphlet form, of 135 pp., at a cost of \$175, and furnished to members, and that there yet remained \$55 due the printer. On

motion the report was accepted, and the consideration of the deficiency postponed until to-morrow.

Drs. H. N. GUERNSEY and B. W. JAMES reported, on behalf of the *Philadelphia Medical Society*, that that organization was in a very flourishing condition, and that its proceedings and papers had been regularly published in the *Hahnemannian Monthly*. Dr. M. Coté reported on behalf of the Alleghany County Society, that it was also in prosperous condition, its meetings well attended, and its proceedings interesting and valuable. Dr. W. James Blakely reported the Erie County Society to be in good condition, although but recently formed. He also announced that he had recently been chosen City Physician for the City of Erie, and that he had under his professional care, two convents, one orphans' asylum, and one young ladies' seminary. Dr. Bushrod W. James reported that John E. James, M.D., of Philadelphia, had recently been appointed physician to the Old Folks' Home, of that city, and that he hoped to make a report of homœopathic treatment in that institution at the next meeting of the State Society.

Prof. H. H. BAXTER, of Cleveland, was then introduced as delegate from the Ohio State Medical Society, and appropriately welcomed by the President.

Dr. M. Coté moved that, in view of the small number of members present at this and the preceding meetings of this Society, and of the baneful effects of such meetings on the cause of homœopathy, a committee of five be appointed to consider the subject of meetings, to report at the last session of this meeting. After some discussion, the further consideration of the motion was postponed until the afternoon session.

The Censors reported favorably upon the following applications for membership, many of the applicants being present:

Thomas Moore, M.D., Germantown; J. H. Spencer, M.D., Philadelphia; Newell White, M.D., Phila.; George H. Waters, M.D., Phila.; W. F. Guernsey, M.D., Phila.; J. W. Allen, M.D., Altoona; E. A. Farrington, M.D., Phila.; Griffith Reno, M.D., Titusville; G. M. Miller, M.D., Mahanoy City; W. C. Doane, M.D., Williamsport; Wm. Willits, M.D., Williamsport; A. A. Roth, M.D., Lancaster; W. G. Taylor, M.D., Marietta; C. B. Dreher, M.D., Tamaqua; R. Fuller, M.D., Sheffield; B. R. Bratt, M.D., Reading; J. B. Frazier, M.D., Conneautville; C. W. Gessler, M.D., Phila.; F. O. Alleman, M.D., Scranton; J. A. Partridge, M.D., Warren; B. F. Reich, M.D., Lebanon; W. A. D. Peirce, M.D., Leopard; J. R. Earhart, M.D., Phila.; S. R. Dubs, M.D., Phila.; G. W. Burroughs, M.D., Phila.; C. H. Haeseler, M.D., Pottsville; W. B. Reynolds, M.D., Carlisle; W. M. James, M.D., Phila.; J. N. Pond, M.D., Meadville; Mary B. Woods, M.D., Erie; Harriet Sartain, M.D., Phila.; H. E. Reinhold, M.D., Williamsport; F. Taudte, M.D., Birmingham; C. N. Moore, M.D., East Sheffield; Anson Parsons, M.D., Albion.

The report of the Censors was, on motion, received; whereupon Dr. M.

Coté moved that the male physicians recommended by the Censors be at once admitted to membership. Carried.

Dr. W. JAS. BLAKELY then moved, that it is the sense of this Society that female physicians should not be admitted to membership.

Dr. H. M. LOGEE said that nothing existed in the constitution against their admission, and claimed that Drs. Woods and Sartain should be admitted.

Dr. BLAKELY thought it was not expedient to admit them.

Dr. McCLATCHEY stated that the only requirements for membership were, that applicants should be of good moral character, regular graduates in medicine, and homœopathists. By the report of the Censors we are told that these ladies fulfil all these requirements, and therefore they are as eligible to membership as are the men recommended, and they may be elected members if it be the will of the majority to elect them. He therefore offered as a substitute for Dr. Blakely's motion, that Drs. Woods and Sartain be declared members.

Dr. W. C. DOANE opposed the admission of women to membership, and thought the tendency of the age was to run mad on the woman question. He thought the spirit of the constitution and not the letter of it should govern us, as in all moral and civil law. He thought women were out of their sphere as doctors.

Dr. WILLIAMSON said that if the Society was not ready to act on this subject, it had better be deferred until later in the session. It has got to be squarely met, and the advance of the age is not to be opposed. If not settled here now, it will come up again and again, as inevitable fate, and will be settled some day. He thought it a pity that so much time should be wasted in discussing it.

Dr. McCLATCHEY begged to remind his friend Dr. Doane that the spirit of the law could be construed only from the letter of it, and that no other spirit could be construed from the letter of that clause of the constitution relating to membership than what he had previously stated.

Dr. H. N. GUERNSEY thought the physical constitution of women debarred them from entering into many avocations of life, and he did not know but that the practice of medicine was one of them. We want women as provers, but he felt constrained to vote against their admission to membership in the Society.

Dr. B. W. JAMES thought too much time was being consumed over the subject, and moved that the whole matter be laid on the table.

Dr. WILLIAMSON hoped the motion to lay on the table would not prevail. It will be better to have a vote on the subject now. It will come up again anyhow.

Dr. LOGEE asked unanimous consent to withdraw the names of Drs. Woods and Sartain, which was not granted.

The motion to lay on the table was lost.

Dr. McCLATCHEY's substitute was lost by a tie vote.

Dr. BLAKELY's motion was then withdrawn.



The PRESIDENT, Dr. Gause, then addressed words of welcome, in an earnest and eloquent manner, to the newly-elected members who were present.

A very able, interesting, and valuable report of the condition of the Pittsburg Homeopathic Hospital was presented by Dr. Jas. H. McClelland, delegate from that flourishing institution, and a member of its surgical staff. Dr. McClelland also presented a written report from the Alleghany County Medical Society. These reports were, on motion, accepted and referred to the Committee of Publication.

The reports of Committees on Scientific Subjects being in order, physicians, not members, who were visiting the Society, and delegates from other societies, were, on motion, admitted to the floor and invited to take part in the discussions that might follow the reading of the various reports.

A report on "*Surgical Therapeutics*," by L. H. WILLARD, M.D., of Alleghany City, was read, accepted, and referred to the Committee of Publication.

A report on "*Orthopedic Surgery*," by CHAS. H. VON TAGEN, M.D., of Harrisburg, was read, accepted, and referred to the Committee of Publication.

Dr. BUSHROD W. JAMES, committee on "*Surgery of the Eye and Ear*," reported that but few new operations had been devised or instruments introduced since the last meeting of the Society, and stated that he would furnish a report on the subject intrusted to him, at the next meeting of the Society, if it was so desired. On motion, the report was received and the committee continued.

A report on "*Hypodermic Injections*," by W. James Blakely, M.D., of Erie, was read, accepted, and referred to Committee of Publication.

The Society then adjourned to meet at 2½ o'clock, P.M.

#### AFTERNOON SESSION.

The Society reassembled at 2½ o'clock, the President in the chair.

The resolution referring to the appointment of a committee to take the meetings of the Society into consideration, offered by Dr. Coté at the morning session, and laid over, was taken up, discussed, and adopted, and the following gentlemen were constituted said committee: Drs. M. Coté, W. Williamson, W. C. Doane, C. H. Haeseler, and W. James Blakely.

The reports on Surgery, made at the morning session, were then taken up for discussion.

Dr. B. W. JAMES liked the tone of Dr. Willard's paper on Surgical Therapeutics, as he did not claim too much for medicine in the treatment of diseases strictly surgical, or claim that medicine could take the place of operative surgery. He thought, with Dr. Willard, that the office of therapeutics in surgery was to prepare patients for the necessary operations, and to assist nature in her recuperative processes, after operations.

Dr. W. JAMES BLAKELY said that Dr. Willard had not mentioned the use of remedies in gangrenous processes. He had used *Lachesis* more than once in such cases with great benefit. In the foul smell arising from ulcers, wounds, &c., he had also used *Lachesis* and other medicines most happily.

Dr. H. N. GUERNSEY would like to know how the line could be drawn between surgical and non-surgical diseases. We cure by medicine alone, many cases which the old school view and treat solely as surgical cases, and as we progress we will be gradually taking diseases from the list of surgical and adding them to the list of medical. It is the best course for us to keep strictly to Homœopathy, and the more strictly we keep to it, the more successful we will be. He thought there is a tendency to run into the use of allopathic appliances under the guise of surgical appliances.

Dr. J. H. MCCLELLAND agreed with Dr. Guernsey's views in the main, but he could not see any objection to the use of absorbents, disinfectants, and kindred appliances, in surgery; he advocated and used them, and they are not contraindicated by any tenets of Homœopathy. He thought that when Dr. Von Tagen stated, in his report on orthopedic surgery, that not much attention had been paid to that specialty in this country, he must have entirely overlooked the recent valuable monograph of Professor Sayre, of New York City.

Dr. B. W. JAMES said that he was well aware that no strict line could be drawn between medicine and surgery. But what he objected to was that it was sometimes claimed that medicines alone would cure cases, which really required operative interference for their cure, and by this means surgical cases were thrown into Allopathic hands, to the opprobrium of Homœopathy.

Dr. W. C. DOANE said he had sometimes regarded cases at first as surgical, which yielded nicely to medicines alone, and demonstrated the incorrectness of his first judgment. When he belonged to the old school, he saw many more surgical cases than now. In regard to the use of medicines in surgery, he regarded *aconite* and *arnica* as most valuable, and he was very fond of water dressings. He mentioned several cases of amputation which had resulted very happily under that treatment. In regard to the use of hypnotics, he never resorted to them except in cases of absolute necessity. He regarded it as his duty, in cases essentially hopeless, to smooth the dying bed, and render the final hours of life as comfortable as possible.

Dr. B. W. JAMES referred to the use of chloroform, as recommended by Dr. Willard, and said the tide of popular opinion was setting towards considering deaths from chloroform as homicides. These cases of deaths are rapidly multiplying, which is not the case with ether.

Dr. R. J. MCCLATCHEY referred to the treatment of deformities of the feet. He had been very successful in the treatment of one case of de-

formity, in an infant, which would, no doubt, have developed itself, if the child had walked, into fully developed club-foot. *Brucea antidysenterica* was given, and the child's foot is now all right, and its knee and ankle strong. He had the highest regard for the use of "Barwell's Apparatus" in the treatment of these deformities. The application is simple, and the cruelty of stout leather straps and steel springs is avoided.

Dr. DOANE stated that he had seen chloroform used, and in hundreds of cases, during the war, without detriment. He used it with care, uses a pure article, and finds no detriment where the heart is not affected.

Dr. COTÉ thought chloroform the most reliable anæsthetic, and that there was no danger if cautiously used.

Dr. BLAKELY agreed with Dr. Doane as regards the necessity for watchful care, and the surgeon who was careless was culpable. He thought the real cause of death under chloroform was some disease of the heart.

Dr. J. H. McCLELLAND thought ether not so efficient an anæsthetic as chloroform, but safer. He reported two cases, in one of which the patient went into spasms; in the other, the assistant being interested in the operation, neglected his business, and temporary asphyxia ensued.

Dr. DOANE remarked that the quickest way to get a patient from under the influence of chloroform was to drop the head, that is to elevate the body and leave the head dependent.

Dr. J. S. SKEELS inquired whether it was regarded that medicine administered by the skin had the same effect as by the stomach; whether twenty drops of laudanum administered by the skin would have as great and similar effect as if administered by the stomach. He thought the rational method of giving medicine was by the stomach.

Dr. BLAKELY said there were four methods of giving medicines, by the mouth, rectum, skin, and lungs, either of which may be resorted to under certain circumstances.

A report on "*New Provings*," by HENRY NOAH MARTIN, M.D., of Philadelphia, was then read, accepted, and referred to the Committee of Publication.

Dr. SKEELS inquired whether one or two cases should be regarded as sufficient to establish the clinical use of a medicine.

Dr. WILLIAMSON replied that quite a number of cases were necessary to fully establish a correct view for the use of a medicine.

A report on "*Recent Discoveries in Medical Chemistry*," by PEMBERTON DUDLEY, M.D., of Philadelphia, was read, accepted, and appropriately referred.

A paper entitled "*The Homœopathic Materia Medica*," by HENRY N. GUERNSEY, M.D., of Philadelphia, was read, accepted, and appropriately referred. Dr. Guernsey's paper elicited considerable discussion.

Dr. DOANE said, he agreed with Dr. Guernsey, in regard to the importance of the single remedy. To give two or several, looked like loading the therapeutic gun with varieties of shot, hoping that some of them



would hit somewhere. Allopathists do not know, and do not seem to care, what chemical action may be set up in the system by the compounds—often contradictory and absurd—which they prescribe. They make the stomach a battle-ground for opposing drugs. He believed that our remedies when alternated, or given otherwise than singly, had similar combative tendencies, with bad results for the patient. He would advise that the case should be well studied, the remedy carefully selected, and persistently adhered to. Let us stand up for pure homœopathy, and be true to it, or ignore it entirely.

Dr. R. E. FULLER added his testimony to the efficacy of the single remedy. The law of similars applies to every medicine, and it had never failed him. He always uses the single remedy. He had alternated for years, but had found the better way, and had no occasion to regret his departure from what he could not help regarding as one of the inconsistencies of some homœopathic practitioners.

Dr. SKEELS thought it was absolutely necessary, in some cases, to give more than one medicine, and to give medicines in alternation he considered perfectly legitimate. In obscure diseases, it is often impossible to find one medicine that will suit the disease, and several will have to be given. He thought there was some difference between city and country patients, and that for the latter, stronger preparations, and more than one medicine, were required.

Dr. GAUSE said that patients, and not diseases, *per se*, were treated, under homœopathic auspices, and that the remedy was to be chosen for the presenting totality of symptoms.

Dr. W. JAMES BLAKELY said that he had practice in both city and country, and that the same remedies, in the same doses, did equally well for each class of patients. He used the single remedy and the high potency in the country, and he did the same in the city. He was now physician to the poor of Erie, and he found the single remedy and the high dilution as efficacious in that class of patients as amongst the better classes.

The "*Report on Obstetrics*," was then called for. It was stated that Dr. J. C. BURGHIER had not been able to prepare his report on that branch. Whereupon, on motion, he was requested to prepare the report and forward it to the Committee of Publication.

The subject of *non-ligation of the funis* was then taken up and discussed.

Dr. J. H. McCLELLAND related a case in which, by accident, the funis was severed without being ligated, without any untoward results.

Dr. H. N. GUERNSEY strongly advocated the method of not tying the cord, and related his experience therein. He stated that he had not used the ligature in such cases for some time, and does not expect ever to resort to it again, if he continues to see as favorable results from its non-use as have attended the large number of cases he had had lately.

Dr. B. W. JAMES had no objection to the cord being cut without being tied, particularly if any benefit could be derived from the drawing

off of some of the blood, and he had frequently practised the new method; but he thought nevertheless, that the cord should be tied after the blood had ceased flowing, as a precaution against secondary hemorrhage. No child should be left, and its life risked, when hemorrhage might occur from crying, motion, or other causes.

Dr. SKEELS said he had not previously heard of the new method, but was glad to have light on it. He had, in a case where the child was blue and the skin turgid and congested, cut the cord and allowed some blood to escape to relieve the congestion, but he had ligated afterwards. He knew of two cases where death resulted from hemorrhage, the cord being insufficiently tied.

Dr. M. COTÉ reported that his paper on practice was in course of preparation, and at his request, he was continued the committee on that subject to report at the next meeting.

A paper on "*Morbus Addisonii*," by CHARLES G. RAUE, M.D., of Philadelphia, was read, accepted, and referred.

A paper on "*Progressive Locomotor Ataxy*," by JAMES H. P. FROST, M.D., of Milton, was read, accepted, and appropriately referred.

Dr. JOHN E. JAMES, of Philadelphia, committee to report on "Microscopy as a Means of Medical Diagnosis," reported progress, and was continued on said committee, to report at the next meeting.

The report on "*Baths*," by W. WILLIAMSON, M.D., of Philadelphia, was read, accepted, and appropriately referred.

The paper of Dr. Williamson concluded the reports on scientific subjects.

Dr. GAUSE wanted to know what was the general view of the members regarding the utility of daily washing and bathing infants.

Dr. GUERNSEY thought it was necessary to secure proper cleanliness, and productive of the best results. He deprecated the use of perfumed powders and soaps for infants.

Dr. COTÉ had known of delicate children, to whom, he was satisfied, daily bathing was detrimental; and upon no more washing and bathing being resorted to than was absolutely necessary to cleanliness, they had rapidly improved in health.

Dr. GAUSE said that it was the custom with some to wash babies three and four times daily. He thought the number of daily ablutions should be regulated by the condition of the child, some children requiring washing every day, and others every two or three days. He thought some children could be readily injured by too much washing and bathing.

Dr. WILLIAMSON thought that daily ablutions were necessary for healthy children, as a hygienic measure. His paper on baths was not intended to touch on the water treatment of children in disease. He never allowed the head of a child having *tinea capitis* to be washed with soap, as he thought it had a tendency to keep up the disease. Dr. W. remarked that no child, and for that matter no adult, should sleep in any of the clothing worn during the day. He referred to the case of school

girls not performing proper ablutions, and not evacuating the bowels and bladder at proper times. He had known instances in young girls where the faces were retained so long that their perspiration actually exhaled fecal odor.

Dr. B. W. JAMES referred to the cleansing of new-born infants without water, by simply anointing the skin, with oil or lard, and rubbing with a dry flannel cloth, and thought this procedure a good one in the case of delicate children.

Prof. BAXTER, of Cleveland, then made a brief report of the condition of the Ohio State Medical Society, representing it to be in prosperous condition.

The Society then adjourned to meet at 8 o'clock, in the Court House, to hear the Annual Address.

#### EVENING SESSION.

The Society assembled in the Court House, at 8 o'clock, the President in the chair; there being in addition to the members of the Society, a large and intelligent audience of ladies and gentlemen of Erie. The Annual Address before the Society was then delivered by Robert J. McClatchey, M D., of Philadelphia; the subject of the Address being the *Progressive Development of Man*.

At the conclusion of the address, a vote of thanks was tendered Dr. McClatchey, and a copy of his oration was requested for publication with the Transactions of the Society.

#### SECOND DAY.

The Society assembled on Saturday morning, pursuant to adjournment, the President in the chair.

The minutes of the proceedings of the first day's session, were read and approved.

A paper, giving the details of several interesting cases, by M. FRIESE, M.D., of Harrisburg, was read, accepted, and referred.

Dr. J. H. McCLELLAND reported a number of interesting cases that had been under his care in the Pittsburgh Homœopathic Hospital. He was, on motion, requested to write out these cases in detail, and forward the report to the Committee of Publication, which he agreed to do.

Dr. DOANE referred to the use of *Lachesis* in cases in which patients had been poisoned with mercury, under old school treatment. He regarded *Lachesis* as the very best antidote to mercurial poisoning. The Doctor gave an interesting and amusing account of his conversion to Homœopathy.

Dr. J. A. PARTRIDGE added his testimony as to the value of *Lachesis*.

Dr. B. W. JAMES exhibited a finger he had amputated for gangrene, this having resulted from the too tight application of a bandage in what was called a "new method" of treating felon. He also exhibited and explained the method of adjustment of a novel form of splint, devised



by himself, which was very light, easily adjusted, and admitted of free ventilation.

Dr. FULLER alluded to a new remedy for fever and ague which had come under his notice, the use of which, having seen no account of it in our literature, he was disposed to claim as being original with himself. It had produced in his person, when taking it, symptoms similar to those of intermittent fever, and had cured cases of that disease for him, very promptly. It is a fungous growth of the common green pine tree.

Dr. GUERNSEY remarked that a physician who, some time ago, had ventured to assert that prolapse of the uterus, or of the rectum, or anus, could be cured without recourse to surgical or mechanical appliances, and with medicines alone, would have been thought demented; and yet every day these troublesome affections were cured with medicines alone. It is not alone for the local difficulty that the prescription should be made; in fact the physician can ignore the existence of the prolapsus, as an abnormal condition, provided he selects the remedy in accordance with the *totality* of the patient's symptoms; and if he does that accurately, his patient will get well, prolapsus and all.

Dr. C. H. HAESELER referred to the use of *arseniate of soda* in the treatment of *tuberculous phthisis*. He instanced cases in which the patients had had all the symptoms of consumption, and who were very much benefited by the use of that drug. He usually gives the seventh, eighth, or tenth dilutions. In *hæmoptysis* and *hæmatemesis*, too, while he felt constrained to sound the praises of *Ipecac* and *Phosph.*, he regarded the *arseniate of soda* as vastly superior to all other medicines.

Dr. COTÉ mentioned *Lachesis* as a valuable medicine in the treatment of hay-asthma, *Nitric acid* as equally valuable for warts, and *Silicia* for felon.

Dr. R. FAULKNER exhibited and explained the use of a novel and ingenious splint, of his own construction, for the treatment of compound fracture of the leg.

The committee appointed, on the motion of Dr. Coté, to consider the subject of the meetings of the Society, offered the following report, which was, after some discussion, unanimously adopted:

"1st. That *Harrisburg* shall hereafter be the place of meeting of the Society, and that the annual meeting shall be held on the *first Wednesday in February of every year*.

"2d. That instead of the 'Committees on Scientific Subjects,' as heretofore, a system of *Bureaus of Scientific Subjects* shall be inaugurated, the members thereof to be appointed at each annual meeting, after each bureau shall have rendered its report for the preceding year.

"3d. That there shall be a Bureau of *Materia Medica* and Provings, one of *Clinical Medicine* and Zymoses, one of *Surgery*, one of *Obstetrics* and *Diseases of Women and Children*, one of the *History of Homœopathy* in *Pennsylvania*, and a Bureau of *Miscellaneous Subjects*, to include *Anatomy*, *Physiology*, *Chemistry*, and *Hygiene*.

"4th. That each bureau shall consist of five members.

"5th. That homœopathic physicians in all the counties of the State, be and are hereby requested to form County or District Medical Societies, to co-operate with the State Society.

"6th. That the homœopathic physicians of the various counties be and are hereby requested to make efforts to secure such action of the legislature as shall insure the extension of the provisions of the 'County Medical Bill' to their counties.

"7th. That members of the Society be and are hereby requested to send to the Corresponding Secretary the names of all homœopathic physicians in good standing in their localities."

The following additions to the by-laws were offered by Dr. Doane, and adopted, and the Recording Secretary was instructed to append them hereafter to circulars he may issue to members on behalf of the Society:

"It shall be the duty of each member to attend the annual meetings of the Society, or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

"In case any member shall fail to attend three successive regular annual meetings, or to furnish satisfactory reasons for his absence, his name may be stricken from the list of members by a vote of the Society; this, however, shall not prevent his subsequent readmission to membership."

Dr. W. JAS. BLAKELY, Treasurer, offered his accounts, whereupon the Chair appointed Drs. R. Faulkner and McClelland to audit said accounts.

The following gentlemen were appointed delegates to the forthcoming meeting of the American Institute of Homœopathy, viz.: Drs. H. N. Guernsey, C. H. Haeseler, B. R. Bratt, J. C. Burgher, B. W. James, R. J. McClatchey, O. B. Gause, and W. Williamson.

The Auditors reported that they had examined the accounts and vouchers of the Treasurer, and had found them correct, whereupon the Auditors' report was accepted, and on motion, the Treasurer's report was adopted.

It was moved and carried unanimously, that the delegates to the American Institute unite with the delegate from the Philadelphia County Medical Society, in inviting the American Institute of Homœopathy to meet in Philadelphia, on the second Tuesday in June, 1871, and that the State Society take part in entertaining the members of the Institute.

The bills of the Secretaries, and of the Committee of Publication, were presented and ordered to be paid.

The President asked that time should be granted him to consult with the Secretaries, prior to the appointment of members of Bureaus for the ensuing year, which was granted. The President was instructed to appoint delegates to other medical Societies, not appointed by the Society.

Prof. BAXTER, of Cleveland, invited those members of the Society who expected to attend the meeting of the American Institute at Chicago, to visit Cleveland in the afternoon, attend the meeting of the Cleveland Medical Society in the evening, and spend the Sabbath in that city.

The President, on behalf of the Society, thanked Prof. Baxter, for his courteous and kind invitation, and for those going to Chicago, accepted it.

The Recording and Corresponding Secretaries were appointed a Committee of Publication. The Society then proceeded to the *election of officers*, with the following result:

*President*.—Marcellin Coté, M.D., Pittsburg.

*First Vice-President*.—Robt. Faulkner, M.D., Erie.

*Second Vice-President*.—H. M. Logee, M.D., Linesville.

*Treasurer*.—O. B. Gause, M.D., Philadelphia

*Recording Secretary*.—Bushrod W. James, M.D., Philadelphia.

*Corresponding Secretary*.—Robt. J. McClatchey, M.D., Philadelphia.

*Censors*.—Jas. H. McClelland, M.D., Pittsburg; H. N. Guernsey, M.D., Philadelphia; C. H. Haeseler, M.D., Pottsville.

*Orator*.—W. C. Doane, M.D., Williamsport.

*Alternate*.—W. Jas. Blakely, M.D., Erie.

On motion the thanks of the Society were most cordially tendered Drs. Blakely and Faulkner, of Erie, for the very efficient manner in which they had provided for the wants of the Society, and for the many courtesies shown the attending members.

The thanks of the Society were likewise tendered the Pennsylvania Central, Philadelphia and Erie, Pittsburg and Erie, and Northern Central Railroad Companies, for courtesies to members, and for liberal deductions of fare.

Thanks were also most heartily tendered the Editor of the *Erie Daily Republican* for the courteous tender of the use of his columns for the publication of the proceedings of the Society *in extenso*, his paper being the first to show such liberality.

A special vote of thanks was tendered the Secretaries, for efficient performance of duties.

The following gentlemen were appointed the *Committee of Arrangements* for the next meeting of the Society, viz.: Drs. Friese and Charlton, of Harrisburg, Bratt, of Reading, Haeseler, of Pottsville, Cook, of Carlisle, and the Secretaries, with power to add to their number, if necessary.

The usual privilege accorded the editor of the *Hahnemannian Monthly*, of publishing such portions of the proceedings and papers of the Society as he may wish, was unanimously granted.

The thanks of the Society were unanimously tendered the President, Prof. O. B. Gause, for the able and courteous manner in which he had presided over the session.

The Society then adjourned, to meet in Harrisburg, on the first Wednesday (1st), of February, 1871.



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No. 3.

UTERINE HEMORRHAGE.

BY HENRY N. GUERNSEY, M.D.

(Read before the Philadelphia County Hom. Med. Soc., September 8th, 1870.)

HAVING recently read an article on Uterine Hemorrhage, by O. P. BAER, M.D., of Richmond, Indiana, appearing in the *Hahnemannian Monthly*, of July last, I have felt myself *impelled* to present the following paper, in order that, by reading it before the intelligent body of homœopathic practitioners composing the Philadelphia County Medical Society, having the subject well discussed, and the paper and the discussion thereon published in the *Hahnemannian Monthly*, I might counteract, in some measure at least, the teachings of Dr. Baer; some of whose views on the treatment of uterine hemorrhage, as laid down in the article referred to, I cannot appropriately designate otherwise than as grossly empirical.

In speaking of uterine hemorrhage, Dr. Baer remarks: "It suddenly involves life and all that is near and dear to the household, and often costs the young zealous physician the reputation he may have previously gained. He, no doubt, has been accumulating bright laurels, from all directions, probably for a half decade of years; all has been smooth and easy; when, all of a sudden, there comes

a terrible storm in his hitherto peaceful elements. He is called to the bedside of an influential parturient lady friend; hemorrhage has already set in most fearfully; timidity, want of knowledge, loss of self-confidence assert themselves; and unaided by self-derived intelligence, he wavers, hesitates, and eventually fails, and his patient falls a victim to his inadequate appliances;—his hitherto well-earned fame has fallen to the dust; and he, saddened and perplexed, blames, and justly too, the profession for sheer ignorance upon a subject of such *vast* proportions.” To all this I say, amen! in so far as it is a recognition of the terrible emergency of a violent uterine hemorrhage, and of the terrible position of standing in front of such an emergency ignorant, unarmed, unmanned. Nothing can be more lacerating to a sensitive spirit than the condition of things pictured above by my distinguished friend and colleague Dr. Baer.

In all cases of uterine hemorrhage occurring from placental presentation, whether central or otherwise, the treatment recommended by Dr. Baer, meets my most hearty approval. The plan he proposes is that first recommended by Puzos, many years ago; successfully practised by M. Gendrin, a few years later; and subsequently successfully tested on a large scale, and most highly commended, by Dr. D. Wielobycki, a homœopathist, while acting as house surgeon in the lying-in hospital of Edinburgh. A full account of Wielobycki's method of procedure, together with the happy results obtained in a number of cases, are recorded in the *British Journal of Homœopathy*, Vol. 4, January, 1846. This method is, in my opinion, the *ne plus ultra* of treatment of *placenta prævia*; I have never treated a case in any other way; have always taught the plan to my students; and have made it a part of my work on obstetrics. Dr. James Kitchen, one of the pioneers of homœopathy in Philadelphia, as well as one of our most experienced and skilful accoucheurs, declares it to be the perfection of practice in these emergencies; and scores of

physicians in this country practise it with most complete success. For particulars of the method, I beg to refer to the *British Quarterly*, as above, or to Guernsey's *Obstetrics*. One important point must not be forgotten, viz., the liquor amnii must be drawn off slowly, in order to secure the prompt and adequate contraction of the uterine walls, and thereby insure the closure of the bleeding vessels.

A few years since, a former pupil of mine was summoned in great haste to a woman in labor, and who was thought to be "flooding to death." Upon his arrival, he learned that she had been alternately flowing and swooning for some hours, and he found her to be in a very critical condition. Immediately resorting to digital examination, his touch detected a placental presentation, and in the next instant his finger passed through the placental mass and plunged into the amniotic cavity; and there he stood, a true hero, confronting danger and death, his finger staying the flow of liquor amnii, and causing it to pass off slowly. As the uterine walls closed in on their contents, the flood-gates were shut and the hemorrhage was arrested. Soon the patient rallied, and labor pains became vigorous; when, to his dismay, he detected a presenting *shoulder*. He knew well what to do, but his self-reliance failed him, and I was summoned. Arriving at his side, I immediately passed my hand into the uterus, through the rent he had made in the placenta, seized a foot, turned, and delivered a fine living child. The mother made an excellent and rapid recovery.

Dr. James Kitchen, to whom I had the honor to refer in a preceding paragraph, related to me a case occurring in his experience, as follows: He was summoned to a lying-in chamber, a number of years ago, and on his arrival found two other physicians present. They greeted him warmly, and said they were very glad to see him at that critical moment, for "they did not know what the devil they had got there; their patient was very ill, had been flooding and fainting repeatedly, and would soon



die unless relieved, as she was almost pulseless." Upon examination, touch revealed a presenting placenta, and in an instant he had passed his finger through the placenta and the membranes, and carefully drained off the amniotic fluid. The woman flowed and swooned no more. Labor pains came on rapidly, and the child was born, apparently lifeless. His anxiety for the mother's safety and comfort was so great, that he cut the cord, without tying it, and plunged the apparently lifeless infant into the slop-jar. After delivering the placenta, and making the woman comfortable, he heard a splashing in the slop-jar, and on turning to see what might be the matter there, he beheld the infant "trying to crawl out!" The mother made a good recovery, while the child became the joy of that household, and bids fair to become a useful member of society.

I relate these cases to show how danger and death may be averted by the practice recommended, and like results will follow a recourse to it in nearly all instances.

The rationale of this saving process is very readily understood. Whether the placental presentation be partial or total, until after the evacuation of the liquor amnii every contraction of the uterus tends to tear off more and more the placenta; thus exposing patulous orifices of utero-placental vessels, kept to their full calibre by reason of the distended condition of the uterus, and capable of pouring out torrents of blood at every new contraction; the flow, of course, abating as the contraction ceases. Now, so soon as the membranes are penetrated, and the amniotic fluid begins to flow, the uterus begins to contract equably upon its contents; its fibres are brought closer and closer together, and, as a natural consequence, the vessels permeating it are lessened in calibre, in the same way, and in proportion, as they are still further lessened in calibre by the *complete* contraction of the uterus which takes place after it has expelled its entire contents. And in addition to this, the fœtus being forced

downwards, by this graduated contraction of the uterus induced by drawing off the amniotic liquor, acts as a plug, to the prevention of further flow. There is now no need for a separation of the placenta from the uterine walls, for it can and does give way before the pressure of the presenting fetus, and is thereby made to fit closer by its adhering surface; spreading out and accommodating itself to the expanding os and cervix, without compromising its integrity, and without detriment to the fetus, as abundance of experience shows. And this method of treatment, likewise, causes no additional suffering to the mother, and I have never known of a single life being sacrificed by a resort to it.

Now, let those who wish to be barbarous, and who do not mind to "lose one mother out of every three" in such cases, and "nearly all the infants," cling to the old and cruel practice of forcing the placenta from its attachment, and, passing in the hand by the side of that mass, seize the feet and deliver by turning. I shall continue to practice the method above, and I take this opportunity of again commending it to the profession, as the easiest, safest, and best method that *can* be pursued, and one, the efficacy of which has been abundantly exemplified in practice. The method was practised and praised in the olden time, was revived by Wielobycki, who details a variety of cases in which it was eminently efficient, has been practised by Dr. James Kitchen and myself for many years, and has been followed, when occasion presented, by my pupils, with perfect success, and without a single failure, so far as I know.

Prof. J. C. Sanders, of Cleveland, published an article in the *Ohio Med. and Surg. Reporter*, Sept., 1869, and which has been reprinted in the *Annual Record of Homœopathic Literature*, p. 267, entitled "Placenta Prævia: Professor Guernsey's Method submitted to a Practical Test," in which he relates the circumstances attending a case of placenta prævia occurring in the practice of a Dr. B., by

whom the Professor was called in consultation. Prof. Sanders states that Dr. B. vainly tried to penetrate the membranes by means of a female catheter (which has been recommended as a means of *insuring a gradual flow* of the liquor amnii, or when the os was too small to admit the finger); but there being "but little pain, so depleted had she become, and consequently no bagging of the liquor amnii," the head "lying in immediate apposition with the inner surface of the placenta," the difficulties proved *insuperable*. He further says: "The method of Professor Guernsey had to be abandoned as impracticable. At this crisis, and because so fearful was her loss, the Doctor sent for me to aid him, if possible, to save the woman from dying." But dreading further delay, Dr. B. "proceeded to deliver her by the old method, viz., detaching the placenta at one side sufficient to admit the passage of the hand, breaking the membranes, and delivering by version." Dr. B. succeeded by the latter method. Prof. S., on his arrival, found "the child born, but dead, and the mother living, but dreadfully blanched and faint." This is a novel method of reporting the failure of an operation; and, in my judgment, Prof. Sanders should have limited himself to reporting only the failure of the operator, Dr. B., who failed to put "the method of Professor Guernsey" into practice. Had Dr. B. no finger, when he found that *he* could not use the catheter? From the fact that he subsequently resorted to "breaking the membranes," notwithstanding the absence of pain and "bagging" of the membranes, we have reason to believe that he had several, but failed to use one of them in the first instance.

Professor Sanders deduces, from this single case, that "bagging" under pain is essential to the success of the method of Wielobyecki, and that "the placenta would have to be unusually thin, or largely detached around from a central point in order to be made to bag at all, and this only under very active pain;" all of which means that,



the method could only be available when "bagging" occurred, and that it was next to impossible for "bagging" to occur. To which I beg leave to reply that, if "bagging" should be present, it would, for obvious reasons, facilitate the rupture of the placenta and the membranes by means of the catheter or the finger; but, that "bagging" is *not* essential to the carrying out of the method, has been abundantly proved in numerous cases, by various individuals.

From this digression I return to that which is, in my opinion, the *objectionable* part of Dr. Baer's paper; and just here, I beg leave to remark, that no physician has ever had a greater horror of uterine hemorrhage than I, and it was through this feeling that I, many years ago, set myself to the study and investigation of the causes and conditions of these disasters, and endeavored to secure for myself, the most rational, and at the same time the most certain and best means of averting their dangers; and I reverently and humbly confess to having found safety in these cases, as I have found it in all other cases of disease, under the homœopathic law as revealed and practised by HAHNEMANN.

The following has been my method of practice during the past twenty years. I see to it that the temperature of the lying-in chamber is adapted to the comfort of the patient. As labor progresses, and the warmth of her body increases, I admit more air to the room, and remove some of her coverings; often limiting the latter to a thin sheet. Cold water is allowed, *ad libitum*, and I prefer it to any other drink. Irritating and disturbing influences are kept at bay as much as possible. Immediately after the birth of the child, I allow little or no talking, and *no whispering*, and enjoin upon the mother calmness and silence, except the giving expression to her sufferings, if she has any. If the babe be noisy, I direct its removal from the room until quieted. I very soon carefully place my hand upon

the abdomen of the mother, to ascertain the condition of the uterus; and then my finger upon the pulse to find out if all be right there; continuing to take account of its force, rhythm, &c., from time to time, during the next half hour or so. At the same time, the temperature of the room, and the coverings of the mother, are adapted to her altered condition, and water is still allowed, *ad libitum*. Under this management, *if the patient be well—i.e.*, in a normal and healthful condition,—pregnancy and parturition being regarded as physiological processes—all will go well with her. If she be *not well—i.e.*, if she be in a condition that is abnormal and unhealthful—complications may arise, among which, hemorrhage may be regarded as the worst; but I find myself prepared to encounter these complications, in any form, armed with my pocket-case of medicines.

If fainting or swooning occur as the result of nervous shock caused by the process of parturition, the presenting symptoms lead me to the remedy which will restore order, without a resort to brandy or other stimulants, which are so well known to be productive of injurious after-effects. If convulsions occur, how often does a cure follow the prompt administration, in accordance with the totality of presenting symptoms, of Hyos., Stram., Bell., Cup., Ipec., Ignat., &c.; which we have all learned to appreciate so highly in such cases. Now if *hemorrhage* should present, why should we *then* throw down our hitherto highly prized, well-known, and trusted medicaments; either to resort to extra-medicinal measures, or to administer medicines without any reference to the great therapeutic law of cure, whose formula had before been our Shibboleth, and which had borne us in safety through emergencies equally great? Dr. Baer says, give *Secale*<sup>3</sup>, or if that fails, *Belladonna* will help in ninety-nine out of a hundred cases where it does, or some other medicine will cure the one case that *Belladonna* fails to cure. My advice to *all* is, give the

remedy indicated by the symptoms—subjective and objective—just as in all other cases of disordered action.

Our patient suddenly feels nauseated, and we are fearful of the occurrence of hemorrhage. Upon examination, we discover a *persistent discharge of bright red fluid blood*. We are reminded of *Ipec.* by this condition of things; and there may be other symptoms, such as colicky pains in the region of the umbilicus; constant nausea, which progressively increases in degree; great feeling of faintness, &c.; all of which serve to confirm the view we have taken of the remedy. With these things before us, shall we squeeze the uterus through the abdominal walls, and give *Secale*? or shall we, on the contrary, be true to ourselves, to our creed, and to the best interests of our patient, and administer the *homœopathic* remedy for the disordered condition? I say most emphatically, give *Ipecac* in such a case, a dose every few minutes; and soon the disordered action will have passed away, and harmony of action will be restored. Why did this woman flow in a manner so abnormally profuse? Because some morbid, disorder-producing cause was at work to produce the train of symptoms constituting the disarray; which being removed or overcome by the homœopathically indicated remedy, loses its force, and all goes on well. But to suppress the manifestations of that disorder-producing cause by pinching the uterus, is not curing the patient; and the administration of *Secale*, where *Ipecac* is so palpably indicated, is not in accordance with the principles or practice of homœopathy.

It is a well-known fact that grasping the uterus with the hand, through the abdominal parietes, will, in some cases, arrest hemorrhage from that organ by causing it to contract; but it is just as well known that, the grasp being relaxed, the uterus will expand and the flow will recur; leaving for us the inference that there is some hidden morbid influence at work, preventing the natural contraction of the womb, and, at the same time, driving



the crimson current through the naturally patulous orifices of the ruptured utero-placental vessels. It is, too, well known, through abundance of experience, that the medicinal agent selected in accordance with the strictest principles of homœopathic art will, by removing that morbid influence, permit the exercise of the normal function of the womb after parturition, viz., contraction; and at the same time relieve the abnormal determination of blood to the parts (which I believe exists under such circumstances) and thereby cause the hemorrhage permanently to cease.

Simple uterine hemorrhage, then, in my opinion, represents a morbid condition of the system, and the cause and effect here are as amenable to homœopathic medication, as in any other deranged condition of the human economy. It is to me, therefore, a matter of deep regret, that so many members of our profession are so ready to confess to a weakness in *homœopathy*, when they come to deal with uterine hemorrhage. It seems to me that it would be more fitting for them to confess to their *own* weakness, and their *determination* to put their trust in extra-homœopathic appliances and to put *no* trust in the system they are otherwise ready to swear by.

A great majority of medical men are of opinion, that post-partum hemorrhage arises entirely in consequence of the uncontracted condition of the uterus. It will be perceived that I am inclined to the opinion, as before stated, that it is likewise due in a great measure, to an inordinate determination of blood to the uterine vessels by reason of some unknown *vis a tergo*, and that even powerful contractions of the uterus are insufficient, in some cases, to cause even a temporary arrest of the flow. I think I have seen cases that warranted this opinion. If this view be true, then how important it is that we should be well acquainted with the remedies comprised in our *Materia Medica*, that we may be enabled at once to administer to the entire diseased condition, and thus arrest the flood;

just as we do in other cases of hemorrhage resulting from determination of blood to the head, the lungs, the stomach, bowels, or bladder.

If, then, we would encourage "the young and zealous physician," and aid him to keep unfaded his well-earned "laurels," let us teach him, by precept and by example, to rely on *Homœopathy* for the treatment of uterine hemorrhage, and to select for each individual case, as he is enjoined to do in all other cases of disease, the remedy indicated by the totality of the presenting symptoms and conditions. Permit me once more to refer to my work on obstetrics. If I have at all succeeded in aiding Homœopathicians to select remedies for the ailments of children, or for amenorrhœa, leucorrhœa, and other diseases of women, the directions I have laid down for the treatment of post-partum uterine hemorrhage are equally valuable; for they are deduced from the same source,—the principles of homœopathy,—and have been as abundantly verified in the experience of the writer. What we want is, more medicines, and more numerous and better-defined indications for their individualization. As we make progress in these directions, so do we progress towards *absolute certainty* in the treatment of uterine hemorrhage. To settle down content with two or three medicines and a squeeze of the uterus is not even standing still, but is, in my opinion, going backward.

I shall now, without detaining you longer, endeavor to present some indications for a few of the more prominent remedies for uterine hemorrhage. The first on the list is

ACONITE.—It sometimes happens that *active* hemorrhage sets in, and the patient is *very much excited, with great fear that she will die*; she seems unable to think or talk about anything else. Very likely, too, she becomes giddy on assuming an erect or sitting position, her face becomes pale, and perhaps she falls over on her bed. She is restless and distressed, and probably thirsty. The *first group* mentioned point to Aconite at once, and I should admin-

ister in such a case Acon. 2<sup>c</sup>, in water, a dose every five or ten minutes, until amelioration should be perceptible, which would soon result ; and the fear of dying, the restlessness, *and the hemorrhage* would speedily succumb before the action of the remedy. Surely, Secale 3<sup>d</sup> would not be adapted to a case similar to the above, nor Belladonna, nor Ipecac. ; while pinching the uterus would be harmful and unnecessary officiousness, if Aconite were administered for such a case.

ARNICA.—A pregnant woman has had a fall, and is flowing profusely. It may be that she is in labor from the injury. Or again: there has been no injury, and she is simply flooding after parturition. The hemorrhage is active, of bright-red blood, entirely fluid or mixed with clots ; *the face and head are very hot* ; the face being red, *while the body and limbs are cool*. In either case, Arnica would be the remedy, and its administration would result in a cure. To give Secale for such a case would not be warranted by anything in homœopathy.

BELLADONNA would be the suitable remedy, when there existed a profuse discharge of bright-red blood, which *feels hot as it escapes from the vulva* ; there is a *feeling of downward pressure and forcing in the genitals*, as though everything would be forced out of the vagina, and *pain in the back*, “as if it would break ;” the blood flows profusely *between* the after-pains ; great vascular excitation is evinced by throbbing of the carotids, flushed face, red eyes, and full, bounding pulse. Who would give Secale, or any other medicine than Belladonna, for a case similar to the above ?

BRYONIA.—Hemorrhage, of dark-red blood, with pain in the small of the back, and *headache, as though the head would split* ; dry mouth and lips ; *if the patient rises, even partially, as in the act of drinking, she has at once nausea and faintness*, and must immediately lie down ; *movement aggravates* all her sufferings. The administration of Bry-



onia, for a similar train of symptoms, will speedily be followed by the best results.

CALCAREA CARB.—We always think of this medicine in connection with women of genuine leuco-phlegmatic temperament. Where it is indicated, the history of the individual shows her to have been troubled with habitually profuse and too frequent menstruation, often attended with aching in the vagina. The patient *wants to be covered, says she feels chilly*, and is sensitive to the slightest draught of air. I have had signal success follow the administration of Calc. c. in cases of this character.

CAULOPHYLLUM is useful in some cases of apparent exhaustion from labor; there is a tremulous weakness felt over the entire body, and accompanying the flow. Given in water, and repeated every few minutes, it has a very prompt curative effect in cases similar to the above. The tremulousness ceases almost instantly, and the hemorrhage promptly subsides.

CHAMOMILLA.—The blood is dark and coagulated; its discharge being accompanied frequently with tearing pains in the legs. In hemorrhage accompanying threatened miscarriage, or premature labor, there is often an accompaniment of pain coming around from the back to the front; *frequent micturition of large quantities of colorless urine* is another indication for the employment of Cham., and great stress may be laid on a *well-marked irascibility of temper*; there are often thirst, restlessness, and a desire for the cool air.

CHINA.—We are sometimes simultaneously led to suspect the occurrence of hemorrhage, and are reminded of this medicament for its arrest, by the patient suddenly complaining of *heaviness in the head, ringing in the ears, and dimness of sight*, or either of these symptoms. A little later there may be coldness, and perhaps blueness, of the skin, jerking of single muscles, rapid sinking of the pulse, and great faintness; or we may be called still later, and find our patient almost pulseless, with cold, damp, blue

skin, and almost insensible from loss of blood. China 2<sup>c</sup>, in water, a teaspoonful every five minutes, in the worst of these cases, will soon bring back the pulse so as to be appreciable by the touch, warmth will be restored to the surface, the patient rallies and the hemorrhage ceases, and she makes a rapid recovery. Of course, the administration of the remedy should be discontinued so soon as reaction is fairly established. I have frequently witnessed these happy results.

CROCUS.—As the blood escapes the vulva it seems to be formed into long black strings. If a mass of blood be examined by lifting it up, which at first sight appears to be a clot, it will be found to be composed of an aggregation of dark, rounded, distinct strings, resembling long angle-worms knotted together. Other symptoms that may be present will be found to be similar to those of crocus. It is wonderful to witness the almost magical effect produced by crocus upon a hemorrhage characterized as above. There is no remedy can take its place when thus indicated, no matter from what organ the hemorrhage proceeds. A few months ago, Dr. McClatchey related to me a case of pulmonary hemorrhage occurring in his practice, which had failed to yield to several apparently well-chosen medicines. At length, upon examining a large mass of clot left in a basin for his inspection, he saw the exact condition related above, and at once administered Crocus, with the result of an almost immediate and satisfactory arrest of the hemorrhage.

CANTHARIDES.—The flow of blood is attended with great irritability of the bladder or urethra; and there is frequent micturition, which is attended with cutting, burning pain.

IPECACUANHA has been referred to in a preceding portion of this paper.

HYOSCYAMUS.—Jerking, twitching, or other spasmodic movements, either of single limbs, or of the whole body, accompanying a hemorrhage of bright red blood, would

point to Hyos., and there might be other symptoms present which would help to strengthen the indications for the selection of that medicament.

IGNATIA would be markedly indicated by a depression of spirits which gives rise to frequent sighing or sobbing.

LACHESIS.—I had learned some years ago to give Lachesis for violent pains in the right groin or right ovarian region, and extending to the uterus. A few years ago I was called to a case of uterine hemorrhage following an abortion. The patient was very weak, and apparently almost bloodless, having been flowing, off and on, for over two weeks, during which time she had been faithfully tamponed, and otherwise treated according to the requirements of modern old-school methods. Her symptoms were *violent pain in the right ovarian region, extending towards the uterus*, with hemorrhage from that organ. I at once removed the plugs I found adjusted, and gave Lachesis 2<sup>c</sup>. The pain promptly ceased, as did the hemorrhage, and the woman made a rapid recovery.

LYCOPodium.—*Cutting pains across the abdomen, from right to left*; great fermentation or commotion in the abdomen; *sense of fulness after the least nourishment*, so that she can take no more. A few weeks ago I was called to the assistance of a brother practitioner, in a case of post-partum uterine hemorrhage. He had been able to control the worst and most dangerous flooding; but the flow did not cease entirely, and the patient still felt as uncomfortable as before, notwithstanding the fact that he had squeezed the uterus, had thrust his hand into it, and had prescribed several medicines. She was very thirsty, and, after having sent for me, and while watching his charge, he observed that, while she was very desirous to drink, she took but little at a time. "Why," said he, "do you not take a greater quantity of water at once, and not drink so often?" "I should be glad to do so," she replied, "but a little fills me so uncomfortably full, I can't take any more." It immediately struck him that this was a



case for Lycopod., which he accordingly gave her. The hemorrhage ceased at once, she became comfortable, went to sleep and slept quietly for an hour, awoke feeling well, and had no farther trouble. It is possible that Lycopod. was adapted to her condition in the first instance. She needed a medicine to cure her generally, and as that was being effected the hemorrhage ceased.

SABINA is a remedy of great value in the treatment of uterine hemorrhage. The strongest characteristic indication for its employment is, a pain, or a feeling of uncomfortableness extending between the sacrum and the pubis, and felt *in* those situations likewise. The flow is commonly profuse, and intermixed with clots; the blood being sometimes of a bright and sometimes of a dark red—Boenninghausen says, most frequently of a bright red color. The slightest motion seems to excite the flow afresh.

SECALE is indicated, *and should be employed*, when hemorrhage occurs in feeble, cachectic women, made so from some dyscrasia of system. There may be general coldness, while the patient feels too warm, and does not wish to be covered. The pulse indicates feverishness; the *hemorrhage is passive, dark-colored and continuous, seldom clotted*, sometimes offensive, and the slightest motion aggravates the flow. There may be, likewise, frequently cramps in the legs, and sometimes jerking of the muscles. The patient seems to be in a melancholic, depressed condition.

It was not my intention, gentlemen, to present a treatise on uterine hemorrhage and its treatment. I simply wished to point out that this disordered condition, in so far as its treatment is concerned, does not differ from other disordered conditions; and that it is most promptly, surely, and safely combated by the ordinary remedies of the homœopathic Materia Medica, selected as we are taught to select them for all other conditions; and that, by pursuing this course, we will all the time be advancing towards certainty and exactness in prescribing for these dangerous conditions; whereas, on the other hand, the

casting aside of homœopathic principles, and the administration of medicaments on simply empirical grounds, or the resort to mechanical or extra-homœopathic means, leaves us always at the same point, without any prospect of improvement, while it likewise trails our banner in the dust, disgraces our system, and leaves us to the charge of inconsistency.

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## HOUAT'S PROVINGS, AND THEIR SELF-STYLED CRITICS.

BY C. HERING, M.D.

IN the year 1866, Dr. L. T. Houat published, in Paris,\* several (to every *well-informed* physician) *well-known* provings of *Cubeba*, *Piper nigrum*, the common *Bufo*, and the arrow poison, *Curare*. They were translated into the German, Spanish, Italian, and English (*Hahnemannian Monthly*). What use practitioners have been able to make of his communications remains to be demonstrated.

A very just objection to his provings was: "the mixing of symptoms *produced* with symptoms *cured*, without any marks of distinction."

A very absurd objection was: "there are *too many symptoms to be true*."

"In 1867, Dr. Houat made an offer to the Homœopathic Society of France, that he would tell the symptoms and the name of any medicine the Society chose to give him in the 15th cent. dilution, without any hint whatsoever as to what the medicine might be. He received a vial, out of six, the name of which he could not know; and in

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\* Paris, Baillière: *Nouvelles Données de Matière Médicale Homœopathique* et de Toxicologie, ou de propriétés physiologiques et curatives d'un certain nombres de substances, encore peu connues et peu étudiées en médecine, par le Dr. L. T. Houat, de l'île de la Réunion (near Madagascar). Premier série, 1866. Deuxième série, 1868.

a few months reported 393 symptoms said to have been produced by this medicine, which he claimed to be *Belladonna*."

The committee found, upon uncovering the six sealed vials, that *Belladonna* really was the remedy Dr. Houat had proven.

The so-called critics had not the courage to declare the whole transaction a "juggler's trick," so they made short work of it by declaring it an "alleged" proving. Why? Because "the author does not care to inform us how, or on whom, all these symptoms were produced!"

Dr. Houat published, in a second series of his *Nouvelles Données*, not only his proving of the 15th potency of a drug unknown to him, which afterwards was found to be *Belladonna*, but also four other collections of symptoms he had observed, viz.:

*Robinia pseudoacacia*, the white acacia,

*Kali hydrojodicum*, the much-abused drug,

*Sarracenia purpurea*, an American plant, said to be a specific for small-pox, and,

*Anatherum muricatum*, an East Indian grass, a popular drug in the East Indies.

The critic in the *British Quarterly* even goes so far as to say: "The remembrance of the notorious Fichel and his pretended provings will cause the profession to look upon his work with suspicion and dislike while he conceals his methods and details."

Why not do what Helbig did? As an experienced prover and a master of materia medica, Helbig clearly showed and proved from the symptoms themselves, published under a feigned name, that they were fabrications, not observations. Afterwards Noack, by a trick, got the manuscripts from the printer, and unmasked the pretender, who was Fichel, at the time head physician to the Homœopathic Hospital.

If it is said that Houat "conceals his methods and details," it reminds us of other things declared to have been



kept a secret, where entirely different reasons prevented the giving of the details. No doubt it would have been better if Houat had found time to give at least some of this history, but there is also no doubt that the so-called "profession" would have made the same objections. Objections can be made *ad infinitum*, when the sole intention is to object.

Why were Mure's provings treated with silent contempt by the same so-called "profession?" Mure gives his whole "method" with all the "details."

Have we not the famous Vienna provings with "method and details" unobjectionable to the most scrupulous "critics," and of what use have they been? The "profession" did not buy them, and after three attempts to start a journal in Vienna, the three different editors had to stop, and many of these loudly-called-for provings have not come to publication even yet!

After all this, the old and stale slander against Hahnemann is warmed up, of not having "indicated the source of each symptom!" Do they not know that Hahnemann's first work, 1805, "Fragmenta," where he had most carefully given "methods and details" and the "source of each symptom" had become waste paper? He could not get a publisher willing to publish anything, until it happened that he raised a young man from the tortures of a sick-bed, who was the son of a publisher. It also happened that he was one of the rarest of all beings, a *cured patient full of gratitude*, and that this noble-minded *Arnold* printed and published, first the *Organon*, and afterwards one volume after another of the *Materia Medica*, with a *continual loss* (in 1811, vol. 1, 248 pages; 1816, vol. 2, 396 pages; 1817, vol. 3, 288 pages; 1818, vol. 4, 284 pages; 1819, vol. 5, 306 pages; 1821, vol. 6, 255 pages); when, after ten years, the sale commenced, and by the influence of *Stapf's Archives* the new edition was begun.

Hahnemann had been driven by necessity to publish only his catalogue or collection of symptoms, but he had

in the meantime also found out that it was not only sufficient to heal the sick, but that it was the only method to enable others to learn to individualize each case, each drug, each symptom. Hahnemann perfected his schema and adopted it as the safest way for all his further works, and now such would-be critics come and say: "If we can scarcely pardon the illustrious Hahnemann for having given us several pathogeneses without indicating the source of each symptom, we are not likely to accept from the obscure Houat provings where he has not indicated the source of a single symptom." Is it to be wondered at that Houat now withholds his further provings?

As often as the old school either tramples into the mud or feigns silent contempt for what is done by a homœopathician, just so sure are its acts imitated by some so called "critics" in our own ranks.

Let Houat's provings be tested by facts, *in the healing of the sick*; which is the only rational and scientific way.

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## NEW PROVINGS AND THEIR CHARACTERISTICS.

BY HENRY NOAH MARTIN, M.D.

(Concluded from page 68.)

**HYDRASTIS.**—While in excellent health, on the 1st of May, 1868, at 8 P.M., I took one dose of *Hydrastis* 10<sup>m</sup>. In half an hour had heavy pain in the abdomen, as if full of gas, and sensation as if dysentery was approaching. Weak pains down the legs. Urging to urinate, and sensation as if the bowels would move, but nothing but wind passes. Slight pain in back below the kidneys. Some eructations (unusual). Slight tendency to nausea.

*May 2d*, 4 P.M. Severe neuralgic pain in the right side of head, extending from the occiput to the temple over the ear. It undulates, or comes and goes.

Never had such a pain before.

Being very busy, I neglected to take any note of any other symptoms which may have been developed.

REMARKS.—These symptoms are quite similar to those experienced by provers who have taken the medicine in more material doses. Whether the sensations were the results of the dose mentioned, is not for me to decide. It is only my duty to report the exact truth, and for each one who reads, to weigh the evidence and judge for himself.

The symptoms which seem to be characteristic of *Hydrastis* are similar to those of *Lycopodium*, especially the gastric symptoms. When *Lyc.* seems to be indicated in indigestion, and does not relieve, *Hydrastis* is likely to accomplish good results.

For the following new and valuable symptoms of GEL-SEMINUM, I am indebted to Dr. E. M. HALE, of Chicago.

A lady, five months advanced in pregnancy, took Gel-seminum  $\frac{1}{10}$  dil., for hectic chills and fever. Not arresting the chills in a few days, she grew impatient and increased the usual dose—two drops—to twenty drops, repeating it every two hours. After the second dose, she had the following symptoms in the order mentioned.

1. Severe pain in the forehead and vertex, *with* dimness of vision; roaring in the ears; a sensation of enlargement of the head, and a “wild feeling”—a confusion—almost amounting to delirium.

2. The *pain* in the head, which was of a pressing, heavy nature, would at times disappear—the concomitant symptoms being at the same time ameliorated—and *severe, sharp labor-like pains would set in, in the uterine region, extending to the back and hips.*

These pains would in turn leave, and the pain in the head would *recur*, immediately after.

Each repetition of the dose, and even smaller doses, would cause the same *alternation* of symptoms.

The lady was veracious and intelligent, and was sure



that the medicines caused the pains, for on leaving off the drug for a few hours they did not recur until it was resumed. She described the head-symptoms as very similar to those which usually usher in an attack of sick-headache. There was, however, no *nausea* present.

These symptoms of *Gelsemium* seem to prove its specific action on the cerebro-spinal system, and are important as showing its power of causing *alternating* symptoms, or conditions affecting the head and uterus.

They also prove its homœopathicity to many reflex symptoms occurring in women affected with *uterine* ailments—such as headache accompanying dysmenorrhœa, metritis, amenorrhœa; and even those head-symptoms which occur during pregnancy, and the puerperal state, or during labor.

There are but few remedies which are applicable to such conditions, namely: *Cimicifuga*, *Sabina*, *Stramonium*, *Veratrum vir.*, and *Kali brom.*

*STILLINGIA SYLV.*—Nearly a year ago your committee was called to Norristown, to counsel in a case of secondary syphilis, which had baffled the skill of our accomplished friend, Dr. Mahlon Preston. The young man was suffering extreme torture from bone pains, and something was recommended, which, however, afforded only temporary relief. Subsequently, after having "*tried everything*," resort was had to the celebrated Eclectic specific for syphilis, *Stillingia sylv.* I repeat Dr. Preston's words: "It had a wonderful, and I might almost say, an instantaneous effect. He has slept well ever since he had it (twenty-four hours, a dose every three hours). The immense nodes have gone from the head and legs; and from the most deplorably downhearted—sometimes almost raving with discouragement—miserable, thin-looking object, he is changed into a buoyant, joking, rotund-looking fellow. He used to hobble into my office and take a good cry every day."

The success of its use in this case induced Dr. P. to

attempt a proving of it. The following are the results of the experiment.

*November 6th*, 1869, R. E. C., 10 A.M., took five drops tincture in half ounce of water. In half an hour aching pains in *right* leg. Aching pains in *right* foot over instep. Eight or ten hours after, pains as before, with aching pains in *right* hip and *left* foot. After retiring, pains in posterior part of *right* leg, of an aching character.

*November 8th*. Took five drops of tinct. in forenoon and five drops of 3d, in evening. Two hours after the last dose, felt severe pains in *right* foot, increased on standing and attempting to walk, in upper part of foot over the instep; next morning, pains in sole of foot and leg.

*November 9th*. Afternoon, while driving, pains in *left* lower anterior third of leg. While sitting, some pain in *left* lumbar region, shooting from behind forward; afterward, while riding, pain in both hip joints, worse from bending backwards or forwards. After getting out and walking, pains increased, with stiffness of joints. While in house, pain in third toe of *right* foot. While walking, pain in metatarsal joint of great toe, running back to heel, in both feet. Pain in both external malleoli.

*November 10th*. Pains in *right* elbow, forearm, and wrist, aggravated by motion. Pains in finger joints. Aching pain on outside of *right* thigh and leg, running down to foot.

M. P., *November 6th*, 10 A.M., took five drops of tincture in half ounce of water, while suffering from great soreness of bones and muscles of the extremities, caused by severe exercise. After seven or eight hours, soreness was greatly increased, and great aching of the extremities was experienced.

*November 8th*. In the morning took five drops, same as before. In the evening, pains in *right* elbow and *right* leg, of an aching and pulsating character, with soreness. Aching pains in back extending down the thighs and

legs. Sore aching along the *left* clavicle and in the shoulder.

8½ P.M., took ten drops of 3d. Soreness and aching pain in humerus, on and above the olecranon, not influenced by motion.

*November 9th.* Aggravating pains in *left* elbow, extending towards shoulder and hand, as though the bones were sore and would separate. Slighter pains, of like character, in *right* elbow. Aching also in *left* carpal and metacarpal bones. These pains are temporarily relieved by change of position. Stabbing in *right* knee.

*December 6th.* Symptoms continue. I feel some of them nearly every day.

W. O. G., *November 8th*, 8½ P.M., took five drops 3d dil. Two hours after, felt dull, heavy, aching sensation in *right* thigh and leg.

*November 9th*, 10 A.M., took five drops 3d dil. At 11 A.M., sharp pains in bend of *left* elbow, increased by hanging down.

*November 10th*, 9½ A.M. Sharp shooting pains in upper third and inner side of forearm; aggravated by letting limb hang down, and relieved by pressure. 4 P.M., took ten drops 3d dil. in water. At 5 P.M. had sharp shooting pains in both arms from middle third of humerus down to fingers. 10 P.M., severe sharp shooting in *right* side of frontal bone, running downward to the eye.

REMARKS.—These fragmentary provings are valuable, as going to prove the just estimate held by the Eclectics of this drug as an antisymphilitic, for we cannot fail to recognize in this record, those peculiar and distressing aching pains in the bones, which we have all so often witnessed in those patients who suffer from secondary syphilis.

Your committee has had occasion to use this medicine, in one case of disease presenting similar symptoms, and with excellent results.

It seems to act first upon the *right* side and then upon the *left*, the pains following the direction of the long



bones. From the little here revealed it is, of course, impossible to decide what are its peculiar characteristics.

CARBOLIC ACID.—Many valuable provings and observations have recently been made in reference to this agent by Drs. Lilienthal, Haeseler, and others, but have been published in the *Hahnemannian Monthly*, and elsewhere.

Dr. Kitchen gives as a characteristic of carbolie acid, "when urinating, always an involuntary discharge of mucus from the anus."

Your committee would suggest its possible value in hooping cough, having known of cases where violent spasmodic coughs have been immediately relieved by inhalations of the atomized vapor of the diluted acid.

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## PHOSPHORUS AND HYOSCYAMUS.

*Diagnostic Indications upon which to choose between them in Throat and Chest Symptoms.*

BY ALFRED K. HILLS, M.D

*Phosphorus.*

THIS old and popular remedy, so often coming to our relief, and never found wanting in its effect when the marked characteristics belonging to it are in the case, is also sometimes intruded where it does *not* belong. I have consequently compared a few of its throat and chest symptoms with those of *Hyos. nig.*, in the place of which it is often offered as substitute; of course without success. There are certain marked symptoms that will almost invariably present themselves when this remedy is indicated, the more important of which are *italicized*.

*Hyoscyamus niger.*

This remedy may also claim to be amongst the oldest, but is not nearly as often used in our school of practice as *Phosphorus*. It has been said of *Cuprum*, that the space in the *Materia Medica* required in which to express its

curative power, was narrowed down to that occupied by five letters, and their orthography is as follows: *Cramp*. This narrowing down of the idea of drug provings has been extended to *Hyos.*, and we find the general idea of this remedy, also expressed by five letters, viz.: *Spasm*. By a careful study of the provings of remedies, it will be found that one word will not suffice as their *Keynote*, the octave must be made up, and the intervals found to harmonize with each other according to their respective order.

We neglect this remedy, and try to *push* our way with *Phosph.*, or some other remedy. To give impetus to nature in a curative direction, requires something besides *crowding*; a most careful selection of the remedy must be made, according to the "*totality of the symptoms*," and then great caution must be exercised in its administration.

#### *Phosphorus.*

Tongue dry, coated white, with stinging in tip.

Soreness of mouth, *easily bleeding*.

Dryness of throat, day and night.

*Sensation as of cotton in throat.*

Saliva increased, tasting saltish or sweetish.

Painfulness of larynx preventing talking; the tonsils and uvula are much swollen and the *uvula is elongated*, with dry and burning sensation.

Pain in chest with coughing, relieved by external pressure. *Stitches in left side of chest, relieved by lying on the right side.*

#### *Hyoscyamus niger.*

Parching dryness of the tongue.

Soreness of soft parts between the gums and cheeks.

*Constriction*, dry and burning sensation in throat, with *inability to swallow, especially liquids*.

*Foaming*, bloody saliva, tasting salty.

Parching dryness in fauces, with *swelling and elongation of the uvula*.

Slow rattling breathing.

Spasms of chest with arrest of breathing, *compelling one to lean forward*. Stitches in the sides of chest.

*Phosphorus.*

Cough with stitches over one eye.

Hollow, hacking, spasmodic, dry cough, from tickling in throat and chest, caused by talking, laughing, eating and drinking *anything warm*, strong odors, change in the weather, especially *to cold*, and from lying on the *left side*, or back.

*Cough at night*, with *expectoration only in the morning*, of frothy, pale-red, rust-colored, streaked with blood, purulent, white and tough mucus.

Cough aggravated from persons coming into the room, and from *change from a warm to a cold atmosphere*.

Amelioration from *eating something cold*, by *lying upon the right side*, and by rubbing.

Antidotes the ill effects of camphor and table salt.

*Hyoseyamus niger.*

Violent spasmodic cough; short consecutive coughs, caused by a tickling sensation in the throat, *as if the palate was too long*, or as if some mucus was lodged there.

Cough at night, with expectoration of saltish-tasting mucus, or of bright-red blood mixed with clots, *during the day*.

Cough aggravated after midnight, when at rest, during sleep, in the cold air, and from *eating and drinking*.

Amelioration from *sitting up*, bent a little forward.

Antidotes, sometimes, the ill effects of Belladonna and Chloroform.

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## THE FUNIS.

### PULSATIONS—SECONDARY HEMORRHAGE, ETC.

#### *Remarkable Case.*

BY BUSHROD W. JAMES, M D.

SINCE some discussion is now going on in regard to the non-ligation of the funis in new-born infants, I will report an important and remarkable case which has just occurred in my practice, going to show that secondary hemorrhage from the funis may occur where it is not ligated, and that the cord does not always lose its vitality at once—in fact pulsation may be noticed in it for hours after birth.



CASE.—I was called to Mrs. R., September 17th, 1870, in confinement at full term. Primipara; narrow pelvis. Breech presentation. Case progressed well, except that the head was not delivered for more than twenty minutes after the exit of the body, notwithstanding the most strenuous efforts were made by Dr. D. James, who was in attendance with me. The child at birth was livid and apparently lifeless, except that there was a slight movement of the heart. There was no pulsation whatever in any part of the funis, and it was cut about six inches from the child's abdomen. A few drops of blood oozed out from this end, while from the placental end the blood flowed more freely.

Artificial respiration was at once commenced by the Marshall Hall method for restoring the drowned. Very little increase in the action of the heart occurred, and on waiting a short time the heart stopped beating entirely. The nose of the infant was then grasped, a cambric handkerchief placed over its mouth, and a small amount of air blown into its lungs from my own, and then the chest gently compressed. This was kept up for about two minutes, at about eight inspirations to the minute, when on auscultation the heart was found feebly pulsating. No pulsation in the arteries discoverable. The artificial respiration was kept up a few minutes, when the child was placed on its right side, and two or three minutes allowed, to see if it would respire of itself, but it failing to do so, I listened again, and found that the heart had ceased pulsating again, and the child was apparently dead. Artificial respiration by the mouth was again commenced, and in one minute the heart began throbbing faintly. I continued for several minutes as before, and then found the heart beating strongly, sixty beats per minute, and concluded to wait for the child to respire itself. Two or three minutes elapsed while I listened to the action of the heart. It gradually became more rapid and less discernible, until it ceased all action for the third time. Not being willing

to give up the case yet, I determined to continue the artificial respiration until either the child respired, or the heart ceased beating while the artificial respiration was being maintained. The heart commenced beating in about half a minute this time, and varied its pulsations between sixty and one hundred per minute, until the child made one spasmodic inspiration at the end of an hour. As soon as this occurred, I waited nearly a minute without its recurrence, and then, after a few artificial respirations, the child inspired again. I waited about one minute, and then did as before. One minute and a half elapsed before it inspired again, and then the intervals became gradually less, until at one hour and ten minutes it was making those spasmodic inspirations every three-quarters to every half minute. Soon it breathed every one-third of a minute, while the heart-pulsation at this time was sixty to seventy per minute.

At one hour and a quarter, the record showed as follows: Child's respirations (given in seconds), every 11, 44, 18, 10, 28, 12, 32, 21, 16, 20, 10, 23, 7, 20, 12, 24. At one hour and twenty minutes, respirations continued, 16, 21, 13, 19, 17, 21, 10, 22, 10, 20, 20, 22 (heart beating 60 per minute), 12, 22, 12, 18, 13, 20, 10 (heart beating 84 per minute), 19, 13, 18, 13, 16, 7 (spasmodic interruption of inspiration, the latter part of the inspiration being very quick), 37, 7, 20, 14, 5, 8, 21, 23, 19, 12, 23—15, 16, 9, 27—13, 19, 12, 20, 10, 22, 17, 21, 12, 17—17, 15, 15, 18, 18, 12, 15, 19, 17, 13, 20, 18, 10, 21, 12, 19, 15—12, 22, 10, 18, 11, 19—19, 18, 19 (heart beating 60 per minute), 17, 15, 16, 15, 12, 23, 15, 20, 13, 17, 18, 12, 15, 18, 16, 17, 13, 18 (heart beating 50 per minute), 15, 17, 19, 12, 22, 14, 29—12, 20, 17, 17, 20—14, 16, 17, 14, 19—17, 15—16, 19, 16, 18, 14, 18, 14, 16, 18, 17, 14, 19, 18, 16, 14—17, 15, 15, 18, 16, 16, 17 (heart beating 53 per minute), 19, 15, 16—19, 18, 16, 15, 22 (heart beating 80 per minute), 15, 20, 18, 15, 11, 17, 16, 19, 17, 19, 15, 18; at which point two passive respirations commenced between the spasmodic sighs,

and the record was discontinued. Soon the respirations occurred about thirty times per minute, and so continued.

At one hour and fifty-two minutes, the first vocal sound was heard on expiration, being a sort of moan. The eyes did not open, and there was no radial pulse. The pupils were moderately dilated and dormant; not the slightest movement to light. At the end of two hours the lips were still livid and the capillary circulation very feeble; the finger pressed upon the livid skin left a white spot for a minute. Slight pulsation in the carotid and popliteal arteries. Warm-water cloths, which had been constantly applied to lower part of the body, were now replaced by flannel and a warm flat-iron, and one having been kept to the left side of the chest, another was placed to the opposite side. The child was now placed upon its back.

At two and a quarter hours, there was still no motion of the pupils. The funis, which was cold, not pulsating, and from which all blood had ceased flowing two hours before, was now examined and found to be bleeding and pulsating very strongly, more so than the carotids; while from one to two ounces of blood had escaped before it was discovered. Determined not to tie the cord, if possible, I grasped it tightly close to the abdomen, and held it two or three minutes, when both bleeding, and pulsation ceased. I now left it exposed to the atmosphere, and watched it. In a few minutes the pulsation returned, when I cut off about an inch, and from the three hard arterial cords in the funis, little red points oozed out, which formed into a drop of blood on the white cut surface of the funis, making the whole end bloody. I held the cord again until no more appeared, and repeated the operation of cutting, when the three points reappeared, and so remained without forming into a drop.

At two and a half hours the cord was not pulsating and there was no more bleeding; the lips not so blue, the capillary circulation becoming more active. At two hours and forty minutes the funis was warm and pulsating



strongly, with no sign of shrivelling. A few drops of blood again oozed out, which I wiped away, and squeezed the cord a few moments; and although the cord kept on pulsating after I relaxed my hold, no further bleeding occurred.

The *pulsation* of the funis was *synchronous* with the throbbing of the carotid and axillary arteries. At three hours the breathing continued, like the sighing of an infant just after a convulsion, with mucous rattling in the throat, and the peculiar sighing noticed upon such occasions. The child now for the first time opened its eyelids, and the pupils dilated and contracted, while the occipito-frontalis muscle contracted strongly, and the globe of the eye moved gently from side to side involuntarily.

At three and a quarter hours it opened its eyes and they followed the light. The cord was again pulsating strongly, and I left the patient for two hours.

On my return, the child was still breathing regularly, the skin looked normal, and the heart beating about 80 a minute, with an occasional double beat. A large blue, livid spot on the left nates and thigh, which I had noticed at birth, continued. The funis was now pulsating strongly and synchronously with the axillary artery, and about one drop of blood had oozed out and become dry. I now ordered artificial heat to be removed, and the child wrapped up warm, with the mouth and funis exposed to the atmosphere, cautioning the nurse not to tie the cord unless copious bleeding set in, and thus I left it for the night.

The next morning the child was still alive, although very weak, breathing quite normally, except the continued mucous rattling in the throat, and, except a blueness of the skin and nails, the child appeared to be doing well. The funis was cold and dry, with no pulsation in it.

Some symptoms of imperfect closure of the foramen ovale showed themselves during the day, livid spots occurred on the skin, and convulsive movements followed

with three or four gasps, and the child expired at the end of thirty hours from birth.

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## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

### *Congenital Arrest of Development.*

*August 12th, 1870.* I was called by Dr. Barr, of this city, to see a remarkable case. Gerard D. B., thirteen days old, with a semiovoid-shaped tumor, two and a half inches in diameter, having its centre attached corresponding to a point a little above and between the eyes. The mass was of a livid color, slightly compressible, and had grown so rapidly since birth as to now occlude vision somewhat by overlapping the eyes. It would slightly increase in size and deepen in color whenever the child would cry. I determined to etherize the patient and make exploratory incisions, with a view to its removal. Two semi-elliptical incisions in the skin gave me sufficient covering as flaps, and were dissected back to expose the tumor, which resembled spleen more than anything else. The tumor proper, on being carefully cut and picked away piecemeal, exposed the dura mater, and disclosed the fact that the bony development at the seat of the tumor was wanting. The nasal bones, nasal processes of superior maxillary, and the frontal bone between the external angular processes, did not exist. The wound was made as free of foreign substances as possible, and the flaps brought in position, and support was given in form of a firm compress. The child rallied well and appeared easy during the night, but on the following day was attacked with alarming convulsions, which lasted eighteen hours without intermission. Thinking the child to be in a dying condition, the compress was removed and the wound dressed in the ordinary manner, when all the symptoms were ameliorated. The child improved, although fed

from the bottle. The tumor has grown rapidly and (September 20th) projects some three inches, taking up the whole forehead and upper part of the face. Convulsions occur occasionally, but only last a short time, and apparently are caused by pressure of the dressings. Pulsation at the anterior fontanelle has ceased and the child's head has flattened considerably. The child was alive and taking nourishment on the 22d, but is gradually weaker, and must eventually succumb. The case is chiefly interesting as showing how long it is possible for a child in this condition to live.

*Encephaloid of the Groin—Removal.*

August 27th, 1870. I removed from Joseph Carr, aged seventeen, living at 1342 Hanover Street, an encephaloid mass, weighing about a pound. The tumor occupied the whole inguinal region and seriously interfered with walking, and wholly prevented the boy from work. The incision was six inches long and the dissection lasted about half an hour, during which four vessels of considerable size were ligated. Fibrous bands enveloping the tumor ran in every direction and held to the adjacent important structures. The boy made a rapid recovery. The offensive nature of the discharge, which was thin and ichorous, was completely controlled by Hepar, at the hands of Dr. Williams. The patient resumed his usual work on the 20th of September.

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TUBERCULOSIS PULMONUM CHRONICA.

BY I. O. MUELLER, M.D.,

Physician to the Homœopathic Hospital, Sechshaus, Vienna.

THE greatest predisposing cause to pulmonary consumption is pneumonia; even to such a degree that Niemeyer remarks: tuberculosis, as a primary affection of the lungs, is hardly ever seen, and what we usually call "chronic tuberculosis" is rather a chronic catarrhal pneumonia,



with cheesy detritus of infiltration. Such a definition is opposed by Rokitansky, who defines phthisis pulmonum chronica to be a process of infiltration depending on a peculiar diathesis of the blood, "the tuberculous dyscrasia," i. e. a deposition of a neoplasma in the tissue of the lungs.

A physician has not often the opportunity to examine cases where neither auscultation nor percussion gives any symptoms of that fatal disease. In such cases *Calc. phos.*<sup>o</sup> promises much, and many a patient has left the hospital greatly improved by such treatment. But when the phthisis has already entered an advanced stage, where the patient is already emaciated, has hectic fever and colliquative sweats, and where percussion shows dulness in the subclavicular regions, even down to the third rib, and auscultation gives bronchial breathing, consonant rattling, or even amphoric sounds, still even then homœopathy possesses means to alleviate the journey to the grave.

For a long time the irritation to cough will be the chief symptom of which such a patient complains, and as long as the cough does not take on a convulsive character, though no remission takes place, we see the greatest benefit from *Bry.*<sup>3</sup>, a dose every two hours; for morning cough *Iodine*<sup>4</sup>, several times a day; and *Hyoseyamus*<sup>4</sup> for night-cough. A mere catarrhal secretion gives also a very good indication for *Bryonia*, whereas we prefer *Stannum* for copious and tough expectoration.

In later stages, with cheesy degeneration of the tubercle, and where this molecular detritus softens by absorption of water, forming a cavity frequently communicating with a bronchus, we have a sputum before us similar to pus, to the naked eye, but which never shows pus-corpuscles under the microscope, but only fine granules of this molecular detritus, and mostly dark brown or black pigmentary flakes.

*Arnica* and *Plumbum acet.* have never been of much service to us in these puriform expectorations; but we have relied for years on *Balsamum Peruvianum*<sup>5</sup>, a dose every two hours, which seems to protract the fluidization of the infiltration, and prevents the diphtheritis of the cavernous wall, which, according to Niemeyer, is the true cause of the enlargement of the cavity. The sputa are mostly mixed with blood, and when the capillaries of such a destroyed part of the lung do not become obturated, hemorrhage may set in. In most cases, a few doses of *Merc.*

*sol.*<sup>3</sup>, a dose every one or two hours suffice; but in dangerous cases we have to take recourse to *Acid-sulph.*<sup>1</sup>, every half-hour. We hear sometimes, after the hemorrhage is stopped, the patient complaining of severe burning pains under the sternum, palpitations, high fever, &c., and *Ergotine*<sup>12</sup>, a dose every three hours, is the remedy for their alleviation.

For mere hæmoptoe, as peculiar to the first stages and caused by the pulmonary congestion, which always accompanies the deposition of tubercles, we always find *Merc. sol.* indicated. We wish you to distinguish between the puriform expectoration, indicating *Bals. Peru.*, and the so-called sputum coctum, rich in young cells, of a creamy color, which is of a catarrhal nature, and frequently seen in tuberculosis: for the removal of this *Ambra-gris.*<sup>6</sup> has been found beneficial.

In some rare cases the cough may be a direct reflex action, caused by immediate irritation produced on the fibres of the vagus by the tubercular infiltration. Such a cough shows its convulsive character, and the sputum is either entirely wanting or at any rate very scanty. *Phosphor.* may sometimes give relief.

*Silicia*<sup>6</sup> is for us the great remedy for the sleeplessness accompanying tuberculosis, and it may be truly called the homœopathic morphine.

Another great trouble for tubercular patients are the unbearable stitching pains, produced by the inflammation of the pleura; that frequent complication of phthisis. *Aconite* and *Bryonia* fail to relieve; but *Guaiacum*<sup>3</sup>, a dose every three hours, is a perfectly reliable remedy, and worthy of recommendation. A similar success will follow the use of *Acidum nitr.*<sup>1-3</sup>, in night-sweats.

In the last moments of their life our poor patients suffer terribly from dyspnœa, and *Laurocerasus*<sup>1</sup> or *Digitalis*<sup>4</sup>, a dose every two hours, procures at least some relief.

Secondarily, we find the submucosa of the bowels and the peritoneum (never both at the same time) attacked. And it is peculiar, that the tubercle, which, in the lungs, has some inclination to become obsolete, goes uninterruptedly on in its destructive tendency when the abdomen is affected, and even *Arsen.* and *Merc. cor.* fail too often to check the progressive destruction.

For laryngophthisis, *Hepar* and *Iodine* might be recommended, the latter especially, when ulceration has already

taken place, mostly seated on the posterior wall of the larynx, and destroying the ligamenta aryepiglottica.

Sometimes such ulcers are to be found on the posterior wall of the epiglottis, attacking the vocal chords; aphonia and œdema glottidis follow, and a fatal result cannot be averted.—*A. H. Z.*, June, 1870. *Trans'ated by S. Lilienthal, M.D.*

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## MEDICAL AND SURGICAL ANNOTATIONS.

BY THE EDITOR.

ONLY eighteen persons died of small-pox in Ireland last year, where vaccination is compulsory. In Russia, where vaccination is not compulsory, and is not generally practised, 10,350,000 persons have died of small-pox during the past seventy years.

Dr. WEEDEN COOKE, Surgeon to the London Cancer Hospital, in a paper written for the *London Lancet*, recommends the use of *hydrate of chloral* as an hypnotic and general alleviator of suffering, in the various forms of cancer. He recites various cases in which from ten to twenty grains at a dose afforded much comfort and relief from pain.

Dr. RICHARDSON, of London, after an experimental review of the various anæsthetic fluids and vapors known to the profession, has decided in favor of methylic ether for rapid anæsthesia. The anæsthetic properties of methylic ether were first discovered by Dr. Richardson, in 1867, and at the first experiments with it, made upon himself, he was narcotized completely in one minute, was unconscious in seventy seconds, and recovered almost instantaneously, without nausea, headache, or other unpleasant symptoms. He considered it superior to the nitrous oxide, because it allowed of air being given with it, and did not asphyxiate. He regarded it as perfectly safe.



M. DIRULAFOX has had an exploring trocar constructed connected with an exhausting apparatus. The trocar is so delicate and long that it can be carried very deep into the tissues. The syringe, or exhausting apparatus, is supplied at its end with two short tubes armed with stop-cocks; one tube is continuous with the trocar, the other is horizontal and will allow the fluid to escape.

A CHILD, aged six months, was admitted to Guy's Hospital, London, suffering from intussusception (probably the ileum into the cæcum), and was relieved by inflation of the bowel by means of a bellows with an enema-tube attached to it, the tube being passed up the rectum.

CATGUT dressed with carbolic acid, is recommended to be used in ligating large and deep-seated vessels near the trunk of the body. It is claimed that the ligature can be cut off short, and does not act as a foreign body, giving rise, *per se*, to little or no irritation and its consequences.

Two new vaginal specula have been added to the long list of instruments for the ready torture of the uterus, but they do not appear to have any special merits that are not better supplied by other varieties. No man can lay claim to the title of gynaecologist, nowadays, without being the inventor of a vaginal speculum.

A CASE of cure by Staphisagria, of the sufferings caused by an atrophied testicle resulting after mumps, is reported by Dr. Levi Hubbard, in the *Medical Investigator*. The principal symptoms removed were: aching pain in the testicles, aggravated by touch or friction, with sharp, shooting pains up the cord into the abdomen; great sensitiveness of the testicle to touch; sensation in the region of the cerebellum, as if the parts extending between the occipital protuberance and the left ear were hollow—a feeling as if the brain were not large enough to fill the space; this region of the head being tender to pressure.

Dr. OLIVER WENDELL HOLMES, in a letter to the Berkshire (Mass.) doctors, recently observed that, "If the pen-

dulum of belief does not swing through a pretty wide arc, the hands of progress will hardly be kept going." Is the "arc" as now contemplated by the "Professor," sufficiently extensive to embrace homœopathy within its limits, is a question that not unnaturally propounds itself at this epoch of Professorial liberalism.

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### PUBLICATIONS RECEIVED.

**THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH.** First American from the Sixth London Edition By E. H. RUDDOCK, M.D. (Exam.), &c. With Notes by the AMERICAN EDITOR. Chicago: C. S. Halsey, 1870. Pp. 238. 12mo.

**THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT, &c.** By E. H. RUDDOCK, M.D. (Exam.), &c. First American from the Third London Edition. With Notes and Additions by R. LUDLAM, M.D., &c. Chicago: C. S. Halsey, 1870. Pp. 231. 12mo.

**MATERNITY: A POPULAR TREATISE FOR YOUNG WIVES AND MOTHERS.** By T. S. VERDI, A.M., M.D., &c., &c. New York: J. B. Ford & Co., 1870. Pp. 451. 12mo.

The publication of general or special works on domestic homœopathic medical treatment needs no defence, the demand for such volumes clearly indicating their utility and their necessity, even in large cities, where practitioners of the homœopathic healing art are always accessible. And, indeed, proper treatises on medical subjects, which afford instruction to non-professional readers, will serve most excellent purposes by insuring a higher education of medical men, and by driving from the ranks of the profession all ignorant pretenders who now find shelter under the medical ignorance of the community.

The works of Dr. Ruddock are well known in England, and their popularity in that country is evinced by the facts that the "Stepping-stone" is now in its sixth, and the "Lady's Manual" in its third, English edition. This popularity is well deserved, as both of these works are written in chaste, intelligent, and intelligible language, and are well adapted, in a practical point of view, to fulfil the intentions of their author. The additions of the American editor (Prof. Ludlam, of Chicago) are judiciously made, and add materially to the value of the original works. The publisher, Mr. Halsey, has done his part well, in presenting these useful volumes to American readers in most acceptable style.

Dr. Verdi's book contains a great deal of valuable and interesting matter, arranged in concise and easily accessible form, and related in a fresh and attractive manner; and is, in these particulars, calculated to be of benefit to the "young wives and mothers" for whom it was pre-

pared. But it likewise contains, in our opinion, matters that are neither valuable nor interesting, nor calculated to be beneficial to that class of the community. It certainly does not follow that, because a physician practices homœopathy in some cases, he is obligated to adhere to its principles in every case occurring in his practice; but there does seem to be something at variance with what is right, that a book ostensibly "homœopathic" in its tendencies should recommend, and for domestic purposes, too, a resort to measures which are not only not homœopathic, but are likewise not comparable, in point of efficiency, to the strictly homœopathic resources for similar conditions of disorder; and this notwithstanding the fact that the author asserts in advance, through a "preface" of special pleading, the independence of his medical faith. Our author recommends (pp. 96, 106) that thirty drops of laudanum in a tablespoonful of starch-water be injected and retained in the rectum for pains threatening abortion, to be repeated in an hour (the laudanum increased to forty drops) if the pains do not subside. Again, in juxtaposition, and in (almost ludicrous) contrast with the recommendation of Sepia, Calcarea, and Sulphur, of the thirtieth dilution, for the treatment of leucorrhœa, our author recommends that the external genitals be washed with lead-water, and that a piece of linen cloth, wetted with lead-water, be placed between the labiæ, to allay friction; and that a decoction of poppy-heads be applied for painfulness of the external parts. Now, these extra-homœopathic measures may be all very well in their way, and are not to be condemned simply because they are extra-homœopathic; but, we submit, they should not be found within the pages of a domestic homœopathic book, written by a homœopathic physician, while simpler, safer, and better remedial measures are to be found within the pale of homœopathic medication; and besides, the recourse to such dangerous measures as the injection of a large quantity of laudanum, or the application of lead-water to an inflamed integumental or mucous surface, should not be recommended for "*domestic*" use in any treatise, homœopathic or allopathic. Fortunately, Dr. Verdi's frankness impels him to state that (even in his broad view of what is and what is not homœopathic) injections of starch and laudanum are non-homœopathic; but there is always a danger that such measures will be taken to be necessary accessories to homœopathic practice, by laymen, when recommended in domestic treatises, to the detriment of homœopathy as an integral system of medication.

In addition to the medical treatment of the various disorders incident to women and children, which is, in the main, reliable, the author has added a great deal on moral and physical hygiene for women, and for children, from the period of infancy, through adolescence, up to manhood and womanhood, together with chapters on Marriage, Health in Marriage, Necessity of Marriage, &c., which convey many wholesome lessons, and some things, in addition, which in our opinion detract from the merits of the work. We seriously question the propriety of intro-



ducing a chapter on Onanism in a work intended for "young wives and mothers;" or if, to insure completeness, it would seem necessary to allude to that vice, surely the following assertion is uncalled for, particularly as it is not borne out by facts: "Mothers, generally, delude themselves upon the pretended innocence of their children, particularly of their girls; yet it is our painful duty to state that our experience as a medical man has taught us that very few go exempt from it" (onanism). In a medical experience as extended as Dr. Verdi's, we have been taught quite the reverse of this, viz., that onanism, even amongst boys, is by no means the widespread vice some authors would have us believe, whilst amongst girls it is of very infrequent occurrence, and that mothers do not delude themselves in putting confidence in the innocence, particularly of their *girls*, which is *not* pretended; that sweetest portion of all God's creatures being usually pure-minded, and exceptionally vicious. We are happy to state, likewise, that distrusting our own observations in this matter, and fearful lest we were viewing child-nature through rose-colored spectacles, we have consulted with several of our oldest and most experienced practitioners in Philadelphia, and find their opinions to be in full accord with our own.

The above works are on sale by Boericke & Tafel, New York and Philadelphia.

**A PHYSICIAN'S PROBLEMS.** By CHARLES ELAM, M.D., M.R.C.P.  
Boston: Fields, Osgood & Co., 1869. Pp. 400.

The problems that present themselves to the mind of every thoughtful physician are by no means few, and their solution is very desirable. The author of the above work presents some of these thought-inspiring topics in a very attractive and intelligible manner, free from all word-mistiness. His essays are intended as "a contribution to the Natural History of those outlying regions of Thought and Action, whose domain is the 'debatable ground' of Brain, Nerve, and Mind." They are seven in number, and embrace the following subjects: Natural Heritage, Degenerations in Man, Moral and Criminal Epidemics, Body *vs.* Mind, Illusions and Hallucinations, Somnambulism, Revery and Abstraction. While each essay is complete in itself, it constitutes an integral part of a connected series, designed to indicate the origin and mode of perpetuation of those varieties of organization, intelligence, and general tendencies towards vice or virtue, which seem, on superficial view, to be so irregularly and capriciously developed and distributed in families and amongst mankind. Dr. Elam is well known as a distinguished psychologist and physician for diseases of the mind, and the able manner in which he has handled the difficult "problems" he has attempted to solve, proves that his reputation is well deserved. We do not hesitate to pronounce this a valuable contribution to the literature of the day, and should be glad, did space permit, to give extracts from its suggestive pages. We trust, however, that our readers will procure the work for themselves, and that each one reading it may derive an equal amount of pleasure and instruction to that afforded us.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1869. Volume VII. Albany: 1869. Pp. 868.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1869. Albany: 1869. Pp. 363.

The first mentioned of these publications is a continuation of the series of annual volumes, which the generous public spirit of the citizens of New York, given expression to by the State Legislature, permits the homœopathic physicians of that State to put forth as an evidence of the progress (in every sense of that word) of Homœopathy. The present volume contains the proceedings of the Eighteenth Annual Meeting of the Society, together with the Annual Address by the President, W. H. Watson, M.D., of Utica; Reports of Public Institutions, of County Medical Societies, with their valuable papers, &c; and a number of papers contributed by honorary members and others, many of which are illustrated with handsome lithographs. The truth of the matter is, that this splendid volume contains so much that is interesting and valuable, that it seems almost a hopeless task to attempt to particularize; and where there is such general excellence in the papers presented, it would be wrong to select a few for special commendation. The "Reports of Public Institutions," however, demand something more than a passing notice. Reports were presented, at the annual meeting, from six Hospitals (one ophthalmic), one Infirmary for Women, an Insane Asylum in fact and one in prospect, and thirteen Dispensaries, all of which are in flourishing condition. The existence of these institutions and their great usefulness is due not only to the energy of the homœopathic physicians of New York, but in many, if not in most cases, to the fostering care of that great Commonwealth. These reports should serve as a good lesson for the homœopaths of other States, and the attention of *their* legislators should be called to them, with the admonition, "Go thou and do likewise."

The Secretaries of the New York State Society, Drs. H. M. Paine and E. D. Jones, of Albany, are deserving of great praise for their self-sacrificing labors in behalf of the Society and of its publications; and those who have contributed papers to this volume must feel themselves indebted to these gentlemen for the watchful care which has insured the presentation of their essays in so creditable a manner.

In marked contrast with the foregoing, in regard both of quantity and quality of contents, we have the annual volume of the Allopathic Society, termed *The Medical Society of the State of New York*. If the relative importance of these two Societies is to be determined by the bulk and value of their publications, the *The* should be transferred. Nevertheless, the volume of *The Society* contains some valuable papers, likewise, among which we may mention, "A Practical Treatise on Acupressure," "On the Results of Consanguineous Marriage," "Trichina Spiralis," and "On External Perineal Urethrotomy."

We learn from the "Transactions," that during the session the members treated themselves to a bit of comedy and a bit of tragedy. Dr. Potter, as if conscious of the superior value of the Homœopathic Transactions, remarked: "If we relieve the legislature from publishing them (the Allopathic Transactions), they will relieve themselves from publishing a number of others" (meaning the Homœopathic and Eclectic Transactions). But Dr. Alden March, taking a much more sensible view, said: "In regard to publishing our proceedings ourselves, I cannot see how we can do so without making it exceedingly onerous. If the State is willing to publish the Homœopathic or Eclectic proceedings, let them do it. *I do not think we ought to kick our own dish over for the sake of putting ourselves in another.*" The tragical procedure consisted in the decapitation of Dr. N. K. Freeman, who had proven against him the hideous offence of having the carriages of wealthy families, who are homœopaths, in not a few, but many instances, "stopping at his door" (and, of course, driving by the door of some brother practitioner), "under the belief that he was a homœopathic physician;" and likewise this other diabolical outrage of purchasing "globules of sugar of milk *by the pound*, from the Homœopathic Pharmacy in New York City." Of course, his head was taken off at once. This should be a sufficient warning to all allopathists, to beware of "wealthy" carriages and of homœopathic globules *by the pound*.

THE MEDICAL TIMES. A Semi-monthly Journal of Medical and Surgical Science. Philadelphia: J. B. Lippincott & Co. Vol. I, No. 1. October, 1870. Four dollars per annum.

We predict for this new venture in medical journalism a complete success, if its initial number is to be taken as a fair sample of those to come. The *Medical Times* seems to have been projected by force of circumstances, to fill a want felt by the profession; and we feel grateful to the circumstances which have conduced to the commencement of an enterprise which gives such fair promises of value. Each semi-monthly part will contain sixteen double-column quarto pages of reading matter, printed on tinted paper, in the handsomest style of the art; and will comprise: Original Contributions from eminent American writers, Records of Important Cases in private and hospital practice, Transactions of Medical and Scientific Associations, &c., &c. The present number opens with the commencement of a series of Clinical Lectures on Strangulated Hernia, by Prof. Gross, of Jefferson College. For plain, straightforward, and practical writing, this paper is unsurpassed. We commend the *Medical Times* to such of our readers as desire to possess a high-toned, well-conducted, and valuable [allopathic] journal, for such we feel assured it will be. The names of the publishers are a sufficient guarantee of excellence in all that pertains to the publishers' part, and the formidable list of talented contributors promises well for the monthly table of contents.



## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE first autumnal session of the Society, after the summer recess, was held at the College Building, 1105 Filbert Street, on Thursday evening, September 8th, 1870, the President, W. Williamson, M.D., occupying the chair.

The minutes of the preceding meeting, held in June, were read and approved.

The President then proceeded to address the Society with remarks appropriate to the occasion, as follows :

The last meeting of this Society, was held on the 23d of June, 1870; since that time, in imitation of a custom common among persons living in cities, the Association has had its summer vacation. I hope the interval of rest enjoyed, may have produced, in the Society, a like invigorating effect to that sought to be gained by individuals who, on similar grounds, withdraw from their usual occupations for a part of the summer season. We may hope to see manifestations of life and activity greater than was exhibited for some months before we separated in June.

Some of the members, no doubt, have had a season of pleasant recreation at the sea-shore, among the mountains, or at the springs; and in the enjoyment of views of the splendid scenery to be found along our courses of travel, by railroad, or in steamboats on beautiful rivers and lakes. While others, apparently less favored, have been obliged to pass through the season with only such short intervals of recreation as could be snatched from the engagements of a laborious profession. A few, perhaps, have had to content themselves with such scraps of comfort as could be picked up at home, in the way of free and easy living, the scanning of light literature, and in social enjoyment with the can't-get-aways. Wherever we have been, I hope our time has not been spent in idleness, especially of the mind. The summer is an important season for reflection among professional men. Winter is the time for labor in the cause of science. A mind enriched by reflection, and the enjoyments of the beauties of nature, and the sight of the fruits of harvest, as exhibited in summer and autumn in the country, is better qualified to labor in the field of science than one unused to such enjoyments, and that is not accustomed to contemplate the rich provision which a bountiful Providence has made for the comfort and happiness of man.

The springtime and early weeks of the summer just passed, were characterized by genial warmth interspersed with gentle showers—just the kind of weather to promote the growth of vegetation and produce an abundant harvest. As the season of ripening approached, the frequency of the showers of rain diminished, and the warmth of the weather increased according to the advancement of the season; so that we had a favorable season, alike for the growing and ripening of the crops, as well as the gathering of the harvest. With some of you I enjoyed the oppor-

tunity of seeing the green fields, the cultivation of the growing crops, and the busy operations of the farmer, as we journeyed through the part of our country which lies between this city and the city of Chicago, in June last,—a diversified part of our country, rich in agriculture, with its fertile valleys, rugged mountains, and extensive plains, all clothed in beauty.

The summer harvest came, has been gathered, and the barns of the husbandman are filled with hay and grain; the grazing fields are dotted with well-fatted cattle; the trees are loaded with heavy fruit; the vines are yielding an abundant supply of delicious small fruits, and our markets are filled with savory vegetables.

Midsummer and the latter part of the season has been warm and dry. From the 22d of June until about the 12th of August, a period of fifty-two days, we had no rain of any account in this city; but in the surrounding country, at some distance, occasional refreshing showers fell upon the thirsty ground. In no summer, within my recollection, have the melons been so fine as they have been this season. A warm and dry season always favors their perfect development in richness and abundance. Berries and the smaller fruits were delicious. Peaches, pears, and like fruit, now ripe, are of the finest flavor. Vegetable productions of all kinds this year, have reached a very high mark towards perfection.

And as physicians, let me ask you what effect the healthy development of vegetable matter, and the meteorological influence of the season, has had upon the health of the people? I would answer, very good. The city has been free from epidemic diseases, and a condition of general good health has prevailed. I am aware that certain localities were afflicted with a serious fever, and that in several successive weeks the bills of mortality were higher than they were in corresponding weeks of last year. This is to be accounted for in part, by the want of ventilation, and of the free cleansing use of pure water in the small lanes and courts of certain districts. In those localities the mortality among children was very great. And in making the comparison with the bills of mortality of last year we must remember, last summer, with its comparatively low temperature, was one of the most healthy summers Philadelphia has known for a quarter of a century.

One reason, in addition to better ventilation and greater cleanliness, why there was less sickness and fatality among the residents in the larger and more open streets is, that an unusually large number of their inhabitants were out of the city during the summer months. Most of you in large practice will bear me out in the remark, that there was very little sickness among the more highly favored (in the way of worldly goods) part of our population.

This season affords another confirmation of an observation that I ventured to make more than thirty years ago, that a fruitful season is always a healthy season. Not only that the eating of well-developed and ripe fruit contributes to the health of the people, but also the combination of circumstances and conditions of the elements that favor the growth and development of products of the vegetable kingdom, also promotes the

health of the subjects of the animal kingdom, and especially of the human family.

Having again met for the promotion of the science we all love so well, and for our mutual improvement in the practice of medicine, let us earnestly pursue the objects of our Association, and I have no doubt our interest in the Society and our respect for each other will increase in proportion to our advancement in knowledge, and our acquaintance with each other shall become more intimate.

A very able and interesting report was made by Dr. Dudley, on behalf of the Committee on Prevailing Diseases, accompanied with a diagram, showing the comparative temperature of the summers of 1869-70, in Philadelphia, and the daily death-rate from *cholera infantum* in this city, during the summer of 1869. On motion, the report was accepted, with the thanks of the Society to Dr. Dudley. On motion, the report and diagram were referred to the Editor of the *Hahnemannian Monthly*, with the request that they be published; the diagram to be at the expense of the Society. [On consultation with Dr. Dudley, it has been thought best to withhold the publication of the report and diagram, until the death-rate from *cholera infantum*, for 1870, could be added from the reports in the Registry Department of the Board of Health; to the books of which department, access cannot be had until after January 1st, 1871.]

C. B. KNERR, M.D., and W. G. GOODSO, M.D., were proposed for membership by Dr. H. N. Guernsey, and elected under a suspension of the rules.

Dr. B. W. JAMES exhibited to the members, specimens of the *white-pine fungus*, referred to by Dr. Fuller in the *Hahnemannian Monthly*, Vol. VI, No. 2, September.

Dr. B. W. JAMES then presented his usual monthly report, which was accepted, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

VOMITING IN PREGNANCY.—*Vomiting in pregnancy* is promptly relieved by *Aletris farinosa* tincture, according to Dr. N. M. Payne's clinical proving of Dr. E. M. Hale's observation in reference to it in his "*New Remedies*."

CARBOLIC ACID is advocated as a prophylactic against Scarlatina, by Dr. George Moore, in the *American Observer*. He gives Belladonna due credit as a preventive remedy; but claims that carbolic acid has the property of neutralizing the scarlatina virus, the same as it does that of other diseases; and in conjunction with other authority he recommends its use to arrest the spread of the disease, by destroying immediately the virus which every new case generates. The patients are isolated from the healthy inmates, and communication with the sick-chamber, as far as possible, cut off from other parts of the house. Belladonna is given to all the inmates except the invalids, every third day, and this continued for four or five weeks after the epidemic leaves the house. All



articles that retain the virus are removed from the room, the atmosphere of the room is occasionally charged with spray from a solution of carbolic acid, one drachm to a pint of water. A sheet frequently moistened in a stronger solution is to be kept hanging on the outside of the door; the linen and bed-clothing should be soaked for hours in a similar solution before being removed from the room for washing; mattresses, pillows, and beds, are to be heated in a hot oven, or before a blazing fire; the discharges from the nose, mouth, and ears, are to be received on rags, which are to be burned or thrown into the carbolic acid solution; with which the fæces, urine, or other evacuations are also to be treated on being voided. The drains and sinks of the house are to be daily flushed with a similar solution; while the nurse is to use carbolic acid soap to wash her hands with, whenever she touches the patient or his clothing, and she is to wear dresses of washing stuff; while the food is to be brought in by another attendant.

When the desquamative stage arrives, the patient's body is to be daily washed, until the skin becomes healthy, with water and carbolic acid soap, washing and drying portion by portion of the body until the whole is cleansed, using a piece of flannel which is to be burned subsequently, while the water used is to have some strong carbolic acid thrown into it when done with. Finally, the furniture is to be washed and the floor and woodwork scrubbed with antiseptic warm water, and the ceiling, paper, and walls, to be lime-washed.

**CONGENITAL ABSENCE OF A LUNG.**—A case is recently on record by Dr. W. Dickey, where a post-mortem examination revealed the entire absence of a right lung, in a girl of sixteen years; not a rudimentary trace even of a lung existing on that side of the chest.

**BULLET ANECDOTE.**—In these European war times, it is interesting to know how a bullet can be put through one or more persons many times without injury. The *Pacific Medical and Surgical Journal*, is responsible for the following: "Some forty years ago, a travelling preacher in England, was taken sick with colic, in the house of a good old lady where he was spending the night. The good lady brought a bullet, which after warming, she induced him to swallow. He was soon relieved from pain, and then began to reflect on the course of the bullet, and at last suggested to his nurse a doubt whether a body so heavy could find its way through the intestinal labyrinth, fearing that it would lodge there permanently. 'You need not be the least afraid,' said the lady cheerfully, 'for that very bullet has gone through me at least twenty times.'"

**CONFLUENT SMALL-POX** has a new allopathic remedy to combat against in Phenic, or Carbolic Acid. It is given in the secondary stage, and is said to control the febrile symptoms and suppuration.

**ARSENIC EATERS.**—Cincinnati is said to contain one thousand habitual arsenic eaters.

**VOCAL SOUND LIMITS.**—With no interrupting sounds, on a level plain, the human voice can be heard three miles.

**BRITISH NEWS ITEMS.**—Dr. Drysdale, of Liverpool, is President of the British Homœopathic Congress, which will assemble the last week of this month. The Homœopathic Pharmaceutical Society, of Great Britain, held its second annual session June 21st, 1870. The Hahnemann Publishing Society, of England, held its annual session June 29th, 1870, at the London Homœopathic Hospital.

**THE STOMACH-PUMP SUPERSEDED.**—Prof. J. T. Hodgen, of St. Louis, suggests, and uses himself, a long elastic tube, which is to be attached to the stomach-tube. Set a vessel in an elevated position; put the other end of the elastic tube in the vessel, and let the water run in and fill the stomach without using the syringe. Then to empty the stomach, compress the end of the tube while full of water, then turn the end down into a vessel on the floor, let go your hold of the end of the tube, and on the syphon principle, the stomach will be emptied.

**THE HYPODERMIC SYRINGE AT LAST USEFUL.**—This fashionable allopathic toy is to be turned to good diagnostic use. Dr. Henry T. Walker, of New York, proposes, on account of the harmlessness, painlessness, and efficiency of this instrument, to introduce it into ovarian and other internal growths, and then withdraw some of their contents into the syringe, for examination under the microscope. This certainly is the most scientific use the instrument can be put to, and a most commendable mode of diagnosis. The danger in using the trocar for diagnosis can thus be generally avoided.

**THE NITRATE OF AMYL** should be properly proven under homœopathic auspices. It appears to have the property of quickly and violently exciting the action of the heart, and the circulation of the blood.

**PARTURITION AMONG THE INDIANS.**—Among my researches while on my transcontinental tour, I obtained the following facts, interesting to obstetricians: The Indians, as a rule, have their female accoucheurs, who attend to the women in their confinements. When labor is about setting in, the pregnant female and the midwife seek the side of a hill, a little way from the regular encampment, and there select a secluded and, to their minds, suitable spot. Two stakes are then driven into the ground, close enough together to be grasped comfortably with the hands without bringing the shoulders too much upon a strain. Some fine leaves are gathered, or some fine bark of the cedar tree, and spread on the ground below the stakes, and in such a position that the child may in its exit drop upon them and not be injured. When the woman thinks labor is advanced, she gets upon her knees over the leaves or bark, as it may be, and takes hold of the stakes above-mentioned, and there in that position she remains until nature accomplishes delivery for her. The midwife goes off a short distance from her and watches her closely, and if there be any difficulty in the case, she renders the required assistance; if there be no difficulty and the labor is accomplished naturally, the mother gets up when all is over (the cord cut and the placenta delivered), picks up her child, and, fastening it on her back as a papoose, marches back to the

encampment as though nothing had happened, not hesitating even to cross a stream of water, should it lie in her path. Such is *natural* parturition among the aborigines, and how strangely does it contrast with the *unnatural*, enervating, and painful labors of our civilized, or I should say artificial, and often inhuman, mode of living and dressing.

Dr. H. N. GUERNSEY then submitted the following preamble and resolutions, which were, on motion, unanimously adopted:

*Whereas*, The papers read before this Society, and the discussions had thereon, as published in the *Hahnemannian Monthly*, are eagerly sought by the numerous readers of that Journal, on account of their practical value, and

*Whereas*, The entire strength of this Society has never yet been fully represented in an effort for good, either for the benefit of ourselves, of the general profession, or of our fellow-men; therefore,

*Resolved*, That, reviewing the past, we have abundant reasons for congratulating ourselves upon the success that has thus far attended our efforts and our deliberations as a Medical Society, in developing new views, confirming old ones, and establishing better methods of practice.

*Resolved*, That, at this annual reopening of our sessions, we pledge ourselves to renew our efforts with increased energy and zeal, and to preserve and increase the reputation the Philadelphia County Homœopathic Medical Society has already achieved.

*Resolved*, That to accomplish this determination and fulfil this pledge, we must recognize the truth of the principle that "*in union there is strength*," and apply it in every possible way in maintaining the usefulness of our Society; 1st, by being present *punctually* at the meetings, whenever it is at all possible; 2d, by contributing to the common stock of information remarks of a practical or theoretical character that may occur to us; 3d, by contributing papers on scientific and practical subjects, reports of cases, &c., or such other matters as may tend to the advancement of the cause.

*Resolved*, That the above preamble and resolutions be printed, and a copy sent to every homœopathic physician in Philadelphia, with a view to securing their co-operation with us.

Dr. H. N. GUERNSEY then read a valuable paper on *Uterine Hemorrhage and its Treatment* (see page 105), which was on motion accepted, with the thanks of the Society to Dr. G. for his contribution.

Owing to the lateness of the hour, the discussion on the subject of Dr. Guernsey's paper was, on motion, postponed until the next meeting of the Society.

Dr. WILLIAMSON called the attention of the members to a handsome lithograph of the Hospital building, then in process of completion in the rear of the College.

The members of the Society were invited to view the improvements made in the "amphitheatre" of the College, whereupon the Society adjourned, to meet October 13th, 1870.



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LIBERTY OF MEDICAL OPINION AND ACTION.

BY AD. LIPPE, M.D.

(Read before the Central New York Hom. Med. Society, Sept. 15th, 1870.)

LIBERTY of medical opinion and action is, fortunately, an inherent right of all citizens, guaranteed under the Constitution and laws of the United States. Every person is at perfect liberty to choose such medical treatment (if in need of any) as he, in his own individual judgment, considers best for himself. Every physician is also at perfect liberty to choose and adopt that system of medicine which, in his own judgment, he thinks best adapted for the cure of the sick; and all the law exacts of him, before granting him the rights, privileges, and immunities of a practicing physician, is "a diploma;" that is, the certificate of a chartered medical school, to the effect that he has acquired the necessary medical knowledge, and has thereby prepared himself and has become competent to exercise the duties of a practicing physician.

The liberty to judge finally of the superiority of one medical system over another, rests, as it should, with those most interested in the question, the people at large; and whatever system of medicine can show the best re-

sults, and in its application for the cure of the sick exhibit the smallest mortality and the shortest duration of disease, will be adopted by the people; and the physician who obtains the best results in his practice, will most likely meet an approving patronage from the people. A system of medicine, or a practitioner, failing to support pretensions by superior practical results, will be cast aside as of no worth; their shortcomings settle their fate. Such was the case when the people rejected the Thompsonians, and such is the case at present when the Eclectics are also discarded by the people. And the people have a right to do all this, because they enjoy liberty of opinion in matters medical.

The rejection of homœopathy by the allopathic school may be a source of grief to us, and we may feel very much inclined to charge them with illiberality, because of their culpable ignorance of our principles and therapeutic law; yet, at the same time, a sense of justice compels us to give them credit for consistency. They, as a school, admit only such persons to membership in their various medical societies as are fully qualified practitioners, and who adhere to what they, as a body, take the liberty to consider legitimate practice; and they will summarily expel any member from their societies who violates their rules or code of ethics. Whatever fault we may find with their rules and code of ethics, they are governed by them, and they claim their right to thus make use of the liberty of medical opinion and action. They are consistent; and this very consistency with which they adhere to their regulations becomes, to some extent, a bar against what the allopathists consider innovations, and what we consider progress, in medicine. We find this well-organized body of consistent men opposing our progressive course, and *we* look for means to overcome this opposition. Would it not be well, under these circumstances, to adopt the tactics of our opponents? Should we not organize under a common banner, and then consistently enforce

our rules and code of ethics? Is it not the chief concern of the artist, the mechanic, the craftsman, to observe and closely scrutinize his rivals' methods of procedure, that he may profit by his discoveries and successes?

The superiority of our system of medicine must in the end secure for it the ascendancy over our at present numerically stronger and better organized opponents; but we must not flatter ourselves with the vain hope that this final victory will be ours without a desperate struggle; and that we may be well prepared for it, it behooves us to be well organized, and, in this respect, learn from our adversaries. We have made a good beginning, and have organized already many medical societies, whose aim is "the advancement of medical science."

When a physician becomes a member of any of these medical societies, it is taken for granted that he is a *bona fide* homœopathist; the very fact that he applies for membership implicating the belief that he has accepted our formula, "*Similia similibus curantur*;" and adopted our motto, "*In certis unitas, in dubiis libertas, in omnibus charitas*." Our motto expresses plainly and unmistakably that we are in the possession of some "*certainties*," and that as far as these certainties are established, we must stand by them as a united body; and as we stand united by these certainties, we declare our full conviction that homœopathy has advanced the science of medicine so far, that we have been able to emerge in reality from the former uncertainties of medicine, and that we are founded and rely on certain fundamental principles based on the laws of nature. These certainties are also expressed in our formula, and comprise by logical sequences the law of the similars, the single remedy, and the minimum dose. It is, then, to be supposed, that every person seeking and accepting membership in our various societies, has made use of his liberty of medical opinion and action in accepting these first and fundamental principles. There are true and good men among us who erroneously believe and



endeavor to establish the opinion, that any person professing to be a homœopathist, and who bases his pretensions on the fact that he is a member of a homœopathic society, must be allowed full freedom of medical opinion and action, and that therefore he is at liberty to accept, reject, or modify any or all of the principles constituting homœopathy ; that, in fact, he may consistently enjoy a multiplicity of opinions, and do just what he has a mind to do ; that he may habitually send his compound prescriptions of crude drugs to the common apothecaries ; that he may habitually administer morphia, or order injections of starch and laudanum for diarrhœa, or, in fact, practice a sort of disgraceful mongrel allopathy ; and that no fault should be found with him on these accounts, and, as a member of our societies, we are bound to indorse him and his practice.

This unlimited amount of freedom is claimed for all members of our medical societies, because, by contrast, the allopathists have circumscribed medical liberty injuriously, by the force of opinion, within the limits of the medical profession itself. These true and good men hold these opinions erroneously, because there exists this decided and vast difference between the two schools of medicine: that the allopathists exact from their graduates and members of the profession, and especially from members of their medical societies, an explicit adherence to and an obligation not to swerve from the "*teachings*" of their *Alma Mater*, on pain of forfeiting their membership and even their diploma ; and whatever *opinions* have been *taught* are binding on the graduate. On the other hand, homœopathy does not recognize the *opinions* of any man. We only recognize *fundamental principles* as the basis of our therapeutic law. Our school, based on infallible principles, on certainties (which are very different from mere opinions), cannot admit the propriety of holding its members and graduates bound to tamely accept, and be bound not to swerve from, the teachings of a mul-

tiplicity of opinions; but they *are* bound to explicitly adhere to and not swerve from *certainities, fundamental principles*; and the teachings of the schools must be in harmony with or be deductions from these our established principles. The allopathists have no *fixed principles*. The laws of nature from which we draw our knowledge and principles are to them a sealed book, and they therefore always did and still do submit to be guided by individual *opinions* of this or the other man; and when the opinions taught by one man were found to be fallacious by the practical test, the opinions of some other man were substituted, and in this manner medical authorities were created, and to them the adherents of that school were bound to bow down and pay homage. We have accepted and abide by established principles to guide us in our therapeutic laws and in all our further investigations. The solution of such questions as are comprised under the "*dubiis*" of our motto, can only be satisfactorily determined, and their number diminished, by our always adhering to our first fundamental principles; and the acceptance of the solutions of open questions can only be ratified if found to be in full harmony with already established principles.

It is an acknowledged fact that, as the new practice became popular, men took the name of homœopathic physician who did not accept the homœopathic law as of universal application in therapeutics, or who did not accept the peculiar modes of practice generally known as homœopathic; the single remedy, for instance, and the minimum dose. The liberty to accept homœopathy surely does not include the freedom to reject, modify, or alter any or all of its fundamental principles; this freedom is the prerogative of the Eclectics only, who claim that we must be guided by expediencies in our endeavor to cure the sick, and that to be trammelled by certain principles is dogmatism, and not to be tolerated in any medical school claiming freedom of opinion and action; and in their progress

backwards, they show themselves the most unrelenting opponents even of that wing of the allopathic school, which endeavors to elevate medicine to an exact science, and to establish certain principles.

There are those who, willing to be with us and of us, and who are seeking to reach the standard of knowledge and practice of those who have had long experience in the strictest methods of Hahnemann, and animated by such a desire, to progress, will seek and take advice from those who have fully adopted homœopathy and practice it; and every true man is willing to aid such seekers for truth, in every possible manner, and they will surely obtain the knowledge they seek.

There are others, calling themselves homœopathists, who positively decline to be advised by those who have had long experience in the strict method of Hahnemann, but who claim the freedom to teach, write, and practice that which is in full contravention of homœopathy, as taught and practiced by Hahnemann and his followers. They claim the freedom to reject, alter, and modify any or all of the principles and practical rules constituting homœopathy; and, not satisfied with this exercise of freedom, they go much further, and under a perverse idea of liberty, they believe themselves possessed of the privilege to misrepresent, ridicule, and persecute those who, by long experience in the stricter methods of Hahnemann, have accepted the principles and practical rules constituting homœopathy, and practice accordingly. Such men boldly claim it to be their right as homœopathists, and as members of homœopathic societies, to administer habitually quinia in massive doses for the cure of intermittent fever, in violation of the very first principles of homœopathy, or massive doses of morphia for the lulling of all sorts of pains, cathartics for constipation, injections of starch and laudanum for diarrhœa, they habitually send prescriptions of compound crude drugs to the common apothecaries, and whenever they order such medicines as are habitually



prescribed by homœopathists, they give them in absurd alternation, as, for instance, belladonna and aconite tinctures in alternation for the cure of "fever." And they persevere in practicing this caricature of homœopathy, claim the liberty to set aside the law of the similars and its sequences, and unblushingly boast of superior successes in following their own opinions, untrammelled and unguided by any fixed principles or therapeutic law. To be so guided and trammelled would, in their opinion, be an infringement on the liberty of medical opinion and action.

The fact is, that when these men, pretending to be homœopathists, are, as such, called upon to prescribe for patients who are in the habit of being waited on by physicians who are consistently following out the teachings of Hahnemann, and when they prescribe in violation of all the principles known to the patient as belonging essentially to homœopathy, when their massive doses, their opiates and quinine administered in poisonous doses, act injuriously on the patient, making him alarmingly ill, then the pretender is disgracefully dismissed, and a sensible allopathist is sent for to undo the harm done under the guise of homœopathic practice; and he fails not to make capital out of such cases, to be used against the system. In fortunately rarer cases, the pretender falls into the clutches of the law, as did a practicing homœopathist who but a short time ago prescribed for a child thirty-six grains of acetate of lead, and killed it of course.

In how far these men will ever assist in the promotion of homœopathy, or of medical science in general, is a question to be decided by every organized homœopathic medical society which has been unfortunate enough to have allowed such men to become members of it. The community at large look upon our societies as representative bodies, and as a standard by which to estimate the character of homœopathic physicians in general; and the organized homœopathic medical societies which have been unfortunate enough to allow such objectionable men to

become members, will have to decide what in their wisdom would be the best course to be pursued, that the character of all homœopathic physicians may not lose by the composition of our societies.

In this connection it must not be forgotten that the recent history of our country offers us an analogous condition. But ten years ago, citizens of the United States, professing to adhere to the Constitution of the United States, and by inference to the fundamental principles on which the Constitution is based, contained in the Declaration of Independence, who presumed to be entitled to all the rights, privileges, and immunities of citizens of the United States, clamorously demanded the freedom to interpret the Constitution as they thought best, for the advancement of their own personal interests. The Declaration of Independence proclaims to the world that the first principle, the corner-stone on which is built the whole edifice of self-government, consists in the doctrine, that "all men are born with certain inalienable rights, such as life, liberty, and the pursuit of happiness." These misguided men claimed "freedom of opinion," and for many years good and true men thought that perfect liberty would the sooner bring knowledge of the truth. And truth was distinctly proclaimed before an open forum; it was proclaimed for the benefit of the people in the halls of Congress and by the free press; the perverters of our fundamental principles were accorded full liberty to defend their false position in Congress and in the press; they were permitted to hold offices of honor, trust, and profit; the true and only possible logical interpretation of the Constitution was persuasively enforced, that error should have no chance; the advocates of truth illustrated and defended the true interpretation of the Constitution with earnest and great ability, and for a long time there was no fear for the result. Tender suasion and the most extended Christian charity were wasted on these perverse men. At last they resorted to the terrible tyranny over

word and deed, which was imposed by public opinion in the Southern States before the late civil war, on the subject of slavery. The overthrow of self-government, and the destruction of this great republic, were threatened by men who were only with us in order that they might destroy what they had simulated to support. The fundamental principles on which rests this republic, had to be vindicated at last, not "by perfect liberty, which the sooner brings knowledge of the truth," but by a long and bloody civil war; and when the enemies of true liberty were disarmed, it was deemed necessary to give an unmistakable interpretation to the fundamental doctrines contained in our Constitution, and Congress gave us what is known as the "Equal Rights Bill," and the people finally made the victory of our great principles doubly sure, by indorsing such amendments to the Constitution as would forever prevent malicious, self-interested, and perverse men from attempting a fallacious interpretation of that great document.

The great questions now before the homœopathic physicians of this country in general, and before the organized homœopathic societies in particular, are these: Shall we be governed by principles or by opinions? And if we are to be governed by principles, what are they? The people look forward to the homœopathic medical societies for an interpretation of the doctrines and practical rules taught and promulgated by Hahnemann, and accepted by homœopaths; and such an interpretation once given and indorsed by the profession, will forever secure to us that unity of action, without which, we cannot successfully combat error and our present numerous opponents, who in turn would have to surrender to a superior united array on the side of truth.

"The price of liberty is eternal vigilance."

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## GENIUS EPIDEMICUS.

BY EMIL TIETZE, M.D.

"Das Wort sie sollen lassen stahn!"

IN No. 21, p. 127, of the *U. S. Med. and Surgical Journal*, we find the following:

"*Genius Epidemicus*.—This is now becoming quite prevalent (as a technical term, we mean) among our writers. But before adopting it too extensively, would it not be well to inquire into its origin, its meaning, and its admissibility? Will some one who knows, be good enough to enlighten us on these points? If *genus epidemicum* is meant, then this term should be used. If *typus epidemicus*—the type of epidemic—is the thing aimed at, then let us use that term. Or finally, if the term in question is quite proper, let the fact be made clear."

Neither of the terms proposed is admissible, since none of them expresses what the term "*genius epidemicus*" is to convey. For a correct understanding of the word "*genius*," let me simply present an extract from Dr. R. Klotz's *Latino-German Dictionary*, which, I think, will make the meaning of the term sufficiently clear.

"*Genius*, i. m. (*gigno*, *geno*) 1, in a strict and general sense: the *innate nature*, the *higher divine germ*, the *spiritual*, the *spirit*; the *protecting spirit of a human being*, place, &c. *Genius*. vide *Serv. Virg. A.* 1, 302: *Genium dicebant antiqui naturalem deum unius-cujusque loci vel rei aut hominis*, and *Hor. Ep.* 2, 2, 187 (vid. l. c. Schmid): *scit Genius, natale comes qui temperat astrum, naturæ deus humanæ mortalis in unum; quodque caput, vultu mutabilis, rebus et ater*; who, hence, was frequently implored and sworn by (v. Hartung: *Religion der Roemer*, 1, 39). *Virg. A.* 7, 136: *Genium loci primamque deorum Tellurem precatur*. *Hor. carm.* 3, 17, 14: *cras Genium mero curabis et porco bimestri*. *Id. ep.* 1, 7, 94: *quod te per Genium dextramque deosque Penatos obsecro et obstetor*. et. *ib.* 2, 1, 144. *Id. a.* p. 210. *Tib.* 1, 7, 49: *centum ludis*

Geniumque choreis concelebra. *Id.* 4, 5, 9: magne Geni, cape dona libens votisque faveto. *Or. fest.* 3, 58: acceptus Geniis December. *Liv.* 21, 62: Genio (to the protecting spirit of Rome) majores hostiæ caesae quinque. *Prop.* 4, 8, 69: Genium meum prostratus adorat. *Serv. ep.* 12: jurat per Genium, se omnia facere. *Arnob.* 4, 6. Lateranus deus et focorum Genius."

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## A CONTRIBUTION TO THE SYMPTOMATOLOGY OF PETROLEUM.

BY DR. J. C. MÜLLER, VIENNA.

(Translated from A. H. Z., by S. Lilienthal, M.D.)

ANNA W., 47 years old, somewhat of a drunkard, but of good constitution and sound health, took, on the 7th of June, being then about half-seas-over, two ounces of petroleum, if accidentally or with the intention of suicide, could not be made out.

She fell down immediately and was brought in a woeful state to our hospital. After an hour she vomited three times severely, and the diarrhoea was of such intensity, that she repeatedly passed her stools into the bed. (All excretions, especially the urine, had for the first few days the penetrating smell of petroleum.) The unconsciousness might, perhaps, be partially put to the preceding excesses in Baccho.

Considering her a good case for proving, I withheld the usual antidotes. The acute symptoms, setting in as a high-graded hyperæmia of the mucous membrane, quickly passed off, and not a trace of it was left after the first week, but she complained now about vertigo and noises in both ears, with stitches in them. She heard noises, as if bells were tolling, or of a waterfall.

June 21. Stitches decreasing, but otorrhœa set in; the discharge is yellow, bloody, without smell, fluid and more copious from the left ear. Vertigo and pressing headache kept steadily on, and it pained her to bend or to turn the head forwards and sideways, although she could do it easily enough backwards; and the reason of this was,

that she broke out all over her neck with subcutaneous abscesses of different size, seated in the corium. To these furuncles, a moist itching eruption became added on the scalp of the occiput, and as the eczema spread the otorrhœa diminished. One furuncle opened after another, and with it the vertigo and the impossibility of standing on her feet for some time disappeared, at the same time a conjunctivitis developed itself with a blepharadenitis, attacking all the Meibomian glands. The right arm now began to be painful, and to swell at the elbow-joint, which we considered a metastasis, similar to those found after gonorrhœa and other specific poisons infecting the circulation, but this phlegmasia also disappeared quickly. Rapid appearance and disappearance of symptoms seems to be one of the peculiarities of petroleum.

There remained only a rheumatic drawing in the elbow, and finger-joints of both hands, so that the pronation of the forearm produced pains in the elbow, whereas the flexion was only painful in the fossa axillaris, and the supination was perfectly painless.

A few furuncles in the neighborhood of the anus closed the series of skin symptoms, and the last symptom was a bronchial catarrh, with a characteristic, not foamy, sputum, of light-yellow color and oily appearance and consistency. By the 25th of July she enjoyed again her usual health.

The petroleum acted in this case for seven weeks, and hardly produced any acute symptoms of poisoning, but a series of chronic ones, changing from one set to another.

*A. General symptoms.*

1. Vertigo with headache and impossibility to keep on her feet for any length of time.

2. It seems particularly indicated in diseases of the ears, mucous membranes, joints, and skin.

3. Rapid appearance and disappearance of the symptoms.

*B. Special symptoms.*

1. Pressing headache, with vertigo.

2. Pain in the neck, when bending the head forward or turning it sideways, but not in a backward motion.

3. Moist itching eruption on the scalp of the occiput (eczema).

4. Furuncles in the neck.

5. Conjunctivitis and blepharadenitis.



6. Subjective sensations in the ears, as of tolling of bells and the falling of water.

7. Yellow, blood-tinged, thin fluid discharge from the ears.

8. Burning of the fauces and œsophagus, extending per irradiationem to the anterior wall of the thorax.

9. Bronchial catarrh, with light-yellow expectoration, of oily appearance and consistency.

10. Swelling and painfulness of the elbow-joint.

11. Phlegmone of the forearm.

12. Pain in the elbow-joint during pronation of the forearm.

13. Pain in the fossa axillaris during flexion of the elbow-joint.

14. Supination is painless in the elbow.

15. Pains in the colon transversum and descendens.

16. Furuncles at the anus.

17. Spasms of the legs with tension of the sinews running on the dorsal surface (doubtful and probably only simulated).

## KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 32.)

### *Carbo Vegetabilis.*

No truer remark was ever written than that *Carbo vegetabilis* "is especially adapted to cachectic individuals, whose vital powers have become weakened." This remark is made particularly clear, when considered in the light of those cases in which disease seems to be engrafted upon the system by reason of the depressing influences of some prior derangement. Thus, for instance,—the patient tells us that asthma has troubled him ever since he had the hooping cough, in childhood; he has had dyspepsia ever since a drunken debauch which occurred some years back; he has never been well since the time he strained himself so badly, the strain itself does not now seem to be the matter, but his present ailments have all appeared

since it happened; he sustained an injury some years ago, no traces of which are now apparent, and yet he dates his present complaint from the time of the occurrence of that accident; or, again, he was injured by exposure to damp, hot air, and thinks his present ailments result from it. It will be well for the physician to think of Carbo v. in similar cases, which are numerous and may present very dissimilar phenomena, as these circumstances being suggestive of Carbo v. in all probability it will be found to be the appropriate remedy, which the agreement of the other symptoms of the case with those of the drug, will serve to corroborate.

The *mental symptoms* of Carbo v. are generally those of anxiety, irritability, desperation, and disposition to anger. These conditions of the mind are very characteristic of the medicine. "Indescribable anguish every afternoon, from four to six o'clock." There is no great mental activity; on the contrary, ideas are slowly evolved; it is with difficulty that things can be brought to the recollection; the thoughts turn constantly to one point. *Vertigo* induced by the slightest motion.

*Headache*, resulting from over-indulgence in wines or liquors; dull, pressive pain in the back part of the head, the whole head feeling heavy; aching on the top of the head, with a painfully sore feeling of the scalp when touched or when the hair is raised; headache, with feeling as if the scalp were drawn too tightly; sensation in the head as if arising from the humming of bees. This remedy is particularly adapted to *falling off of the hair*, occasioned by severe illness, or after parturition. The least exposure gives rise to *cold in the head*.

Feeling of soreness in the *eye*, with sensation as though a grain of sand were in it; troubles with the eyes arising from overtaxing them, at work; black and flying spots before the eyes.

Continual roaring in the *ears*. Swelling of the *parotid glands*. Frequent sneezing, with violent itching and creep-

ing in the *nose*, and violent coryza ; it will frequently be found serviceable in the so-called "*rose-cold*" or "*hay-asthma*," with the above indications. *Epistaxis*, each attack being preceded and followed by decided *palleness* of the face.

Gray-yellow complexion. Moist or humid, and troublesome *eruptions*, following or supervening on itch-like eruptions ; pimples and blotches upon various parts of the face, in consequence of some other affection.

Chronic looseness of the *teeth* ; painfulness of the teeth and gums ; toothache, occurring from either cold or warm applications ; much aching or tearing in the back part of the *palate* or in the fauces.

Sensation as if the *æsophagus* were contracted, or completely closed. The posterior *nares* feel sore, on coughing, swallowing, or blowing the nose ; aphthous sore throat ; the whole *mouth* seems bitter, as if it had been filled with some bitter substance, with bitter eructations ; rich food, even butter or milk, causes flatulency. *Dyspepsia* after the misuse of mercury ; dyspeptic sufferings coming on most severely after breakfast ; sensation as though one would burst open while eating or drinking ; nausea every morning, from ten to eleven o'clock ; gastric troubles after drinking wine or ardent spirits to excess, or being a remnant of previous disease ; sensation of trembling and weight in the stomach ; the thought of taking food causes nausea and disgust ; violent spasmodic contractions in the region of the stomach, which are relieved by eructations, these being excited or aggravated at night, or by fright, chagrin, cold, or taking food ; gastralgia of nursing women ; violent stitches, or pain as if bruised, in the region of the *liver*. *Colic*, excited by riding in the cars or in a carriage. Sensation of constant *downward pressure in the abdomen*, to that extent that the patient is induced to support the abdomen with the hands or with a bandage. *Colic* of various kinds, which is relieved by emission of flatulence ; stitches in the region of the *spleen*, or in the spleen ; con-



*stipation*, with sensation as though the bowels would be moved, but flatus only is passed ; constipation, with urging to stool, when violent, labor-like pains set in, and finally, increased urging, with discharge of soft fæces, and relief from the pains. Hard *stool*, enveloped in mucus, with blood at the extremity of the fecal mass ; sensation of complete emptiness in the abdomen, remaining a long while after stool. Discharge of an acrid, corrosive, viscid humor from the *anus*, causing much itching and some smarting. Oozing of moisture upon the *perineum*, with soreness, and much itching. Swollen, painful, and itching *varices*. Itching of the anus, and of the whole perineum at the same time.

*Great desire to urinate*, the urine passing off very slowly ; the urine is usually of a reddish color, and after standing for awhile, deposits a reddish sediment, sometimes sandy ; burning, jerking, tearing, or stitching in the urethra or perineum when urinating. Aching sore blister on the inner surface of the *prepuce* ; smooth, red, and humid spots on the *glans penis* (also *Corallia rubra*).

*Before the menses*, aggravation of many symptoms,—as for instance, itching of old eruptions, or appearances of eruptions upon the surface, drawing pain from the abdomen to the small of the back, leucorrhœa, headache, &c.

*During the menses*, cutting in the abdomen, pain in the back, and in all the bones, as if from a bruise. Varices of the genitals, with danger of miscarriage. Inflammation and rhagades of the *nipples*. *Leucorrhœa*, producing excoriation of the vulva, particularly if there be itching of the perineum. We may always think of *Carbo v.* in discharges from the vagina producing excoriation, if there be marked itching of the perineum as a concomitant symptom.

Loss of voice (*aphonia*) every morning, which is gradually restored during the day. *Cough* on entering a cold room from a warm one ; chronic cough, with bloody expectoration ; cough, with asthma, and burning in the lungs ;

peculiar susceptibility to cough from the slightest cold; "frequent irritation in the back part of the throat, bringing on a short cough." Suffocating *asthma*, with blue and cold skin, and great anguish about the heart; flatulent *asthma*, with great relief by eructations; *asthma*, relieved only by constant walking, day and night, the symptoms being greatly aggravated by sitting or lying down; one is obliged to take deep inspirations, using great efforts to do so, and exerting the whole body and limbs. Pains in the *chest* relieved by eructations; "aching in the upper part of the right side of the chest, extending through to the right scapula;" almost constant sensation of weakness and fatigue of the chest. Neglected *pneumonia*, with dirty-yellow, and badly smelling expectoration. Palpitation of the *heart*, a few quick beats at a time. One is prevented from falling *asleep*, for, when in the very act, the breathing almost ceases, with increased flow of saliva, and this is again repeated at every effort to go to sleep.

"She is unable to sit down, because in doing so she feels as if she had a plug in her back," particularly in uterine troubles. Very violent stitches between the scapulæ. *Carbo v.* is rich in symptoms referring to the lower part of the back.

Oozing of a humor, which causes itching and soreness, in the *arillæ*. The *arms* and *hands* readily "go to sleep," particularly at night, when they must be rubbed in order to restore natural sensation. Tearing, boring, and other painful sensations in the arms and hands.

Lameness, numbness, and insensibility of the *lower extremities* as a whole, or of the knees, the calves, or the thighs. The lower limbs easily "go to sleep," and require to be rubbed to insure restoration of natural sensation. Putrid, bad-looking ulcers on the thighs, which look dark and ragged, bleed easily, and emit a very fetid odor. *Gangræna senilis* of the toes. [The medicine here requires to be given in a high potency, in water, and repeated two or three times daily for some time, until favor-

able reaction has become established, and then discontinued until necessity requires a repetition of the doses.] It is likewise indicated in many cases of *gangrenous decubitus*, the symptoms agreeing, of course; and in such cases it requires to be persevered in, day after day, until reaction decidedly sets in. Redness and swelling of the toes, often with ulcerated tips. Carbo v. has some remarkable symptoms of perverted *sleep*; as, for instance, sleepy, but cannot get to sleep; wakeful, but cannot open the eyes; illusions of hearing; easily startled; awakened at three or four o'clock in the morning; bad, unsatisfactory sleep, &c.

*Intermittent fevers* that have been made worse by quinine; also when the thirst is principally during the cold stage, or when there is much yawning and stretching during the cold stage, or before the chill; there may be tearing pains in the limbs and teeth. In *typhoid fevers*, inclining to putridity, with sopor, rattling, cold sweat, Hippocratic countenance, and small pulse. It is likewise indicated in typhoid fevers with bloody, fetid stools, and threatened collapse of pulse. [In these cases give Carbo v. 2<sup>o</sup>, in water, a teaspoonful every half hour or so until reaction fairly commences; then cease, and await further developments.]

*Cholera*, with bloody stools and threatened collapse [to be given as above]. Carbo v. is as remarkable for saving life in the above conditions of threatened collapse, as is China for a similar influence in the last stages of uterine hemorrhage.

Great disposition to *sweat*, either at night or in the morning; sour sweat. Itching of the whole *skin* day and night, particularly in the case of drunkards. Nettle-rash and other eruptions dependent upon a disordered condition of the stomach; or glandular and lymphatic swellings arising from the same cause. *Old wounds*, having healed, by and by become troublesome again; punctured wounds which do not heal, but bleed from time to time,



heal kindly after the administration of Carbo v. Ulcers, with a cadaverous odor, become healthy and heal after Carbo v. 2<sup>o</sup> has been given.

Pains, as if caused by a strain in lifting. "General physical depression towards noon, with emptiness of the head and feeling of hunger." Great liability of the extremities to "go to sleep," particularly those upon which one is lying. The joints feel as if too weak to support the body.

The more closely we investigate the *genius* of Carbo v., the more fully do we appreciate its wonderful curative properties. It should never be used in a lower than the thirtieth dilution, and, for the past ten years, I have not used it in a lower preparation than the 2<sup>o</sup>, often going as high as the 16<sup>m</sup> dilution.

(To be continued.)

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## ACCIDENTAL TREATMENT OF DIABETES WITH MOSCHUS.

BY JAMES A. YOUNG, M.D.

On May 27th, 1870, D. R., aged 43, married, came into my office, desiring treatment for impotency. At the time I was quite busy, and presuming that his condition was the result of "excess in venery," prescribed Moschus 1st dec. three times a day; which remedy I had used empirically with good success in such cases. In ten days he reported himself somewhat better.

A more minute investigation revealed the following unmistakable symptoms of a marked case of diabetes mellitus: Insatiable thirst, great emaciation, constipation, clammy mouth, frequent discharge of large quantities of urine.

An examination of the urine by a chemist of the city gave evidence of the presence of sugar. As the patient reported improvement of some of the symptoms, and the

pathogenesis of the remedy seemed to correspond to a certain extent to the symptoms present, I continued the treatment.

On July 24th he reports, "Improvement continues; the discharge of urine in quantity and frequency is normal; the thirst has disappeared, and I have gained twelve pounds in weight. Sexual power entirely restored."

Accident thus disclosed an unknown (to me) range of action for this remedy, and partial provings upon myself have corroborated it. I have since used it in several cases of diuresis with good effect.

The following cases are offered as corroborative of the action of Moschus:

CASE 1.—Child of Mrs. T., aged 3. Symptoms present: Considerable fever and restlessness; very frequent, copious, and involuntary discharge of offensive dark urine without pain; subject to such attacks, lasting from five to ten days. Mother ascribes it to "worms." Moschus<sup>10</sup>, two doses relieved.

CASE 2.—Mr. J., lawyer, aged 40. Much troubled with incontinence of urine. Had been a dyspeptic. Urine during the day normal in appearance, but at night was dark red, very offensive, and deposited a mucous sediment on standing. Moschus 1st; in five days relieved.

I have prescribed it in other cases, less marked, with fine effect. I will not hear from the case of diabetes for some months. The improvement *may have been* from the natural course of the disease.

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## VACCININE AS A PROPHYLACTIC AGAINST SMALL-POX.

BY SAMUEL SWAN, M.D.

CASE 1.—Lucy, æt. 35, waiting-maid, "*had great fear of the small-pox*"; heard there was a great deal of it in the

city; *feared to go out of doors lest she should catch it*; felt very well; had no pain or unpleasant sensation; had never felt the same fear of the disease before; had been near the disease previously, but had no fear of it." Gave Vaccin. 30, a powder night and morning. The following night she felt chilly, followed by fever, dull headache, and severe pain in small of the back as if broken; the second day after, was quite well, and *all fear of the small-pox had vanished.*

CASE 2.—Ellen, æt. 25, a hearty, healthy, rosy-cheeked chambermaid; *was afraid to go out for fear she should take the small-pox*; saw a great deal about it in the papers (the usual five-line paragraph); knew she should catch it if she went in the street; felt perfectly well. Gave Vaccin. 200, Jenichen, a powder night and morning. Next day she had dull headache in occiput, creeping chills, with very bad pain in back; fever at night. The third day quite well; *all fear of the small-pox was gone.*

CASE 3.—In a subsequent case, there was the same *dread of the disease, and fear of taking it*, which disappeared after one dose of Vaccin. 1<sup>m</sup>, Jenichen, without the symptoms that followed the exhibition of the lower potencies in the previous cases.

CASE 4.—A family of five to whom Vaccin. 1<sup>m</sup> was given, remained with impunity in the second story of a tenement house, while the small-pox was above and below them.

During the past two years, Vaccinine has been given to great numbers at a free clinic in this city, and as far as ascertained, no case of small-pox, or even varioloid, has occurred amongst those who had taken it. It is rather a singular coincidence, but not one of the children who had taken Vaccin. were ever brought to the clinic with whooping-cough, nor has there any information been received of a case having occurred amongst them.

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## CLINICAL CASES.

BY HENRY N. GUERNSEY, M.D.

*Syphilis—Nitric Acid.*

SOME time ago I was called to attend a patient afflicted with syphilis, who had been discharged from the syphilitic ward of the largest Philadelphia hospital as an incurable. I found him in the following deplorable condition: Sloughing of the entire integument of the penis, and of the prepuce, leaving that organ perfectly denuded. At one inch posterior to the corona glandis, on the left side of the corpus spongiosum, was a fistulous ulcer extending into the urethra, so that in micturition a portion of the urine escaped through this orifice. The integuments covering in the pubic region had likewise sloughed away, leaving the muscular structure bare, and ulceration was extending upwards under the pubis. The entire diseased surface was in a very unhealthy, or phagedenic, ulcerated condition. The urine emitted an intolerably strong odor on being voided, and gave rise to considerable burning and smarting. Sleep at night was much disturbed, appetite poor, and there was considerable emaciation. Frequent painful erections occurred in the latter part of the night. He had had chancres on the glans, and buboes were still in a condition of ulceration. I had the entire diseased surface dressed with sweet oil and raw cotton, and ordered *Nitric acid* 2°, in water, to be taken night and morning. This resulted, in a comparatively short period, in a perfect cure, the fistulous opening into the urethra even being closed. Of course, the true skin, prepuce, and hair, which had been destroyed, were not reproduced.

*Hemorrhage in Typhoid Fever—Lachesis.*

The following case is illustrative of a number of similar occurrences, and I give it as a sample of the treatment to be pursued under similar circumstances, with a great deal of confidence.

One day, during the treatment of a case of typhoid fever, there occurred some very loose evacuations from the bowels, and occasional attacks of epistaxis. At my evening visit, I requested that the stools, if any, passed during the night, might be saved for my inspection in the morning. At daylight the next morning I was summoned in haste to visit the patient, and found her suffering from a violent epistaxis, with consequent exhaustion. Three or four liquid stools, passed during the night, had been kept in different vessels, and were submitted for my inspection as I had desired. These proved to be composed of blood together with thin and offensive fecal matter. On tilting one of the vessels, in order to examine the sediment, if any, I recognized the following—which I regard as a never-failing key-note, viz.: flakes of decomposed blood, having the appearance and form of perfectly charred wheat straw in longer or shorter flat pieces, together with portions more or less ground up. Close observation of the patient, and the replies to a few inquiries, soon satisfied me that *Lachesis* would be the appropriate remedy, as I had supposed. Accordingly a single dose of *Lachesis* 4<sup>m</sup>, was placed upon the patient's tongue. In the course of half an hour the epistaxis had entirely ceased, and the patient fell into a sweet sleep. A slight attack of epistaxis occurred in the afternoon, but was not repeated, the hemorrhage from the bowels gradually ceased, and the patient made a rapid recovery. A second dose of *Lachesis* had been given by mistake, but was not required, and in ten days the woman was walking about the room. The hemorrhage from the nose is not always present in these cases, but, when decomposed blood, in the form described, is observed in the dejections, whether occurring in typhoid fever or in other diseases, *Lachesis* will, in my judgment, always prove to be the remedy. I am of the opinion that it should not be given in a lower dilution than 2<sup>e</sup>, and in low forms of fever, when thus indicated, I prefer the 4<sup>m</sup>, or higher. In similar cases I never

knew Lachesis fail to place the patient in a condition of safety, but frequently other remedies are required to complete the cure. However, the Lachesis should have ample time to produce its full effect before prescribing any other medicine.

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### EDITORIAL NOTES.

PÆDOLOGY.—A correspondent inquires whether this term, as used in the Report of the Special Committee on Medical Education to the American Institute of Homœopathy, and in the Announcement of the New York Homœopathic Medical College, is correct. *Pædology* is derived from the Greek (παῖδος child, λόγος discourse), and means, literally, a discourse about children. As the duty of a lecturer on the *diseases of children* necessarily includes all that pertains to the life of children, in health and in disease, and their treatment, the term is perfectly correct, and expressive of that particular branch of medical education. Dunglison has *Pædiatria*, treatment of the diseases of children; which does not cover the ground. Paidonosology (from παῖδος child, νόσος diseases, λόγος discourse) would refer to a history of the diseases of children. These terms are included in the improved nomenclature proposed by Dr. Michael Ryan, of London, author of a Manual of Midwifery, who introduced many expressive and generally accepted terms, such as: Gynæcology (first proposed by Carus), (γυναικείος feminine, λόγος discourse), Embryology (εμβρυον embryo, λόγος), Tokology (τοκος birth, λόγος), Dystocia (δυσ difficult, τοκος), Craniotomy (κράνιον head, τεμνο I cut), &c. &c.

THE ANNUAL RECORD OF HOMŒOPATHIC LITERATURE.—In our opinion, no more important work than this has been offered the profession for a number of years; and, although it has received attention at our hands in a previous number of the Monthly, a better acquaintance with its contents impels us to again call attention to its merits. It was compared, in the review referred to, to the semi-annual volumes of "Braithwaite," but it resembles that work only in being a yearbook of medical literature, and is not simply scissored from the columns of our journals. A *résumé* of homœopathic literature is not quite a new



thing. Our brethren in Great Britain cull the British journals yearly. Dr. Marenzeller, of Vienna, has twice, within the past decade, published a synopsis of German homœopathic literature; Dr. Brentano, of Milan, has published two abstracts; and occasionally similar publications have appeared in France. But it remained for American enterprise and industry to arrange and publish in condensed form, the valuable matter appearing during the year, not alone in American journals, but in all journals of our school, wherever issued. And the task has been well performed. Our part in the work, as one of the assistant editors, was so small, that we are not debarred praising the manner of its accomplishment. The admirable index is a complete key to the volume, which renders its contents easily accessible. Not only is there the usual alphabetical arrangement of contents, but an invaluable clinical index, comprising the name of each remedy mentioned in the work, and the diseases or symptoms for which it has been employed, and the page where these references are to be found, has been added; so that, being desirous of acquiring a knowledge of the most recent developments in regard of a new or old remedy, or of studying up some difficult case, the inquirer will be directed where to seek, by referring to this portion of the work, which makes of the "Record" an available work on practice, brought down to the latest date. It is, in fact, a complete epitome of the most recent developments in practical homœopathy.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—This institution opened its doors for the winter course of instruction, on Monday, October 10th. Prof. J. C. Morgan delivered an able and eloquent Introductory Lecture, which is in course of publication, to a large and intelligent audience. A large class (upwards of one hundred and twenty *bonâ fide* matriculants) is in attendance on the lectures of the regular course. The Surgical Clinic at this institution, thanks to the indefatigable exertions of Prof. Macfarlan, is something to be proud of. The new College Hospital is rapidly approaching completion, and will soon be in working order.

THE HAHNEMANN HOSPITAL OF NEW YORK.—This charity, located at No. 307 East 55th Street, reopened for the reception of patients on September 15th, 1870. Dr. Seeger,

the Medical Director of the hospital, is an active and efficient officer, and his efforts are ably sustained by his coadjutors, both medical and lay. The *Consulting Board of Physicians and Surgeons* comprises the following well-known gentlemen: Drs. E. E. Marcy, Egbert Guernsey, A. Reisig, Robert McMurray, John F. Gray, S. B. Barlow, George E. Belcher, and W. H. White.

THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—On the evening of October 10th, 1870, the new and handsome College Building, on Cottage Grove Avenue, Chicago, was dedicated to Scientific Medical Instruction, on the occasion of the Introductory Lecture to the winter term, by our eloquent friend, Prof. Ludlam. The lecturer was introduced by the veteran Prof. Small, with some well-timed remarks. We are utterly unable to find space for even a synopsis of the able address of Dr. Ludlam, but cannot forego the pleasure of laying before our readers the following encouraging look into the future, and account of the "coming doctor."

"The coming doctor will have to keep himself abreast of the times, and graduate his own learning by that of his clients. He must be above and over them. What a pleasure it would afford the physician himself, to be able to spend time and thought, not with ignorance, but in a more congenial atmosphere, with those who have correct ideas of the dignity and nobility of human nature. Three generations hence people will have a better practical knowledge of anatomy, chemistry, hygiene, &c., than Galen and other old medical worthies ever thought possible, and I envy the doctor of that day the privilege of explaining to such patients the cause and cure of their diseases. Such circumstances would develop mutual confidence between physician and patient. The hero, or heroine, as the case might be, would escape many of the little cares that fretted the doctor of to-day. The coming doctor would hear his office-bell with a serenity now unknown. Its tone would be changed, and its voice sweet. No one would wish to escape its sound. He would bowl along the avenues of this opulent city, past the hospital, the fame of which was everywhere, but the name of which was unchanged, to make prescriptions, and to perform operations unknown to us. He would point with pride to the record of those who built that edifice, and threw open its doors to pilgrims in search of knowledge.

He would rank the herd of pretenders who attach themselves like parasites to all schools of medical belief. His culture, his capacity, his genius, his merit, would help him forward and hold him securely in the affections of the people. Whether urged by conviction, or decoyed by circumstances, into this or that line of practice, he would be charitable and tolerant, for he would 'rule himself,' and that would be the measure of his own intelligence."

THE BUREAU OF SURGERY OF THE AMERICAN INSTITUTE.  
—At the last meeting of the Institute, the report of the Bureau of Surgery was most interesting and valuable; and, in fact, this has been the case at all meetings of the Institute during the past three or four years. It is very desirable that the good work should be continued, with even greater efficiency, and in order to accomplish this the labors of the Bureau have been divided among the several members, each one taking a subject, as indicated below, upon which he, with the aid of other members of the Institute, is expected to make a full report. If, therefore, any of our readers have any experience in either of the subjects to be treated of, and desire to have it reported, they are requested to forward their communications to the appropriate member of the Bureau, prior to May 1st, 1871, and it will be duly incorporated with the next report to the Institute, with proper credit. Information in regard to subjects pertaining to surgery other than those specially mentioned, may be sent to the chairman, or to any member of the Bureau. While reports upon any new or improved methods of performing surgical operations, or of adapting apparatus, are desirable, it is especially important to investigate the applicability of homœopathic medicines to surgical cases. The *Bureau of Surgery* is constituted as follows: I. T. Talbot, Boston, *Ovarian Tumors*; G. D. Beebe, Chicago, *Hernia*; E. C. Franklin, St. Louis, *Resection of Joints*; Bushrod W. James, Philadelphia, *Recent Surgical Improvements*; T. F. Allen, New York, *Canthoplastic Operations*; N. Schneider, Cleveland, *Fractures*; W. T. Helmuth, St. Louis, *Means and Instruments for Arresting Hemorrhage*; C. T. Liebold, New York, *Diseases of the Lachrymal Duct*; Malcolm Macfarlan, Philadelphia, *Clinical Surgery*; J. J. Detwiler, Easton, Pennsylvania, *Concussions, and their Treatment*; Jas. B. Bell, Augusta, Maine, *Strabismus*.



## PERSONAL.

MARRIED.—At McIndoes Falls, Vt., August 17th, 1870, by Rev. M. B. Bradford, C. W. Scott, M.D., of Lyndon, to Lizzie Gilfillan, of McIndoes Falls.

REMOVALS.—C. Carleton Smith, M.D., late Professor of Theory and Practice of Medicine in Hahnemann Medical College, Chicago, has removed to 873 North Twentieth Street, Philadelphia.

D. A. Gorton, M.D., has removed from 95 Clark Street to 311 Clinton Street, Brooklyn, N. Y.

Henry B. Clarke, M.D., will soon remove to St. Louis; and offers for sale his practice and real estate, in New Bedford, Mass. The practice is first-rate in character, yielding an income of nearly \$7000 annually, while the real estate is eligibly located and valuable. Price of both, \$15,000, on easy terms. The practice may be bought separately.

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At a regular meeting of the Homœopathic Medical Society of Alleghany County, Pa., held October 14th, 1870, at the Homœopathic Hospital, Pittsburgh, the following resolutions were offered and unanimously adopted, viz.:

*Whereas*, Thomas Hewitt, M.D. has been recently convicted in the Criminal Court of this County, of an attempt to procure abortion, therefore

*Resolved*, That he be and is hereby expelled from this Society, and that the Secretary is hereby instructed to strike his name from the roll of membership, and notify the said Hewitt of the fact.

*Resolved*, That the Secretary send copies of the above to the journals of our school for publication.

J. H. McCLELLAND, M.D.,  
Secretary.

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## OBITUARY.

GEORGE CUSHMAN WILLIAMS, M.D.

THE subject of this notice was born in Brewer, Maine, February 26, 1818. He commenced the study of medicine with Dr. Jacob Tewksbury, a surgeon of some note, at Oxford, Maine, in 1840; attended two courses of lectures at Bowdoin College, 1841-42, and was duly graduated a Doctor of Medicine. His father was a clergyman, and being poor, he was obliged to depend upon his own exer-

tions. He practiced at Edgecomb, Me., for several years prior to coming to Pennsylvania. In 1845, he arrived in Philadelphia; making the acquaintance of Dr. A. E. Small, a homœopathic practitioner, and soon after, in 1847, established himself in West Chester, Pa., as a homœopathic physician. His success in practice for a time seemed doubtful, realizing barely enough to pay his board, for a year or so, but he afterward obtained an extensive and lucrative practice, as he had only to become known to be appreciated as a practitioner; he was successful in the cure of his cases, and was eminently qualified for his profession, particularly in the surgical department.

He took his degree as Homœopathic Physician at the Homœopathic Medical College of Pennsylvania, in 1850. After remaining in West Chester until 1854, he relinquished practice there, for a larger field in the city of Philadelphia and in Germantown, Pa., where he practiced with much success until 1863. He then returned to West Chester, where he remained until the autumn of 1866, when he located at Coatesville, Pa., and enjoyed an extensive practice, so far as his health would permit, until his death, which took place on the 10th day of March, A. D., 1870, having entered upon his fifty-third year.

J. B. WOOD.

JAMES PALMER CROOKS, M.D.

Died, Pittsburgh, October 11th, 1870, James Palmer Crooks, M.D., in the 21st year of his age, of phthisis pulmonalis.

At a stated meeting of the Homœopathic Medical Society of Alleghany County, Pa., the recent death of one of its members being duly announced, the following resolutions of sympathy and respect were unanimously adopted:

*Whereas*, It hath pleased Almighty God to remove by death from our Council Chamber and professional fraternity, our esteemed brother, Dr. James P. Crooks, therefore

*Resolved*, That in this inscrutable dispensation our Society has lost a genial, useful, and exemplary member, the profession a faithful and

honorable representative, and the community a worthy and Christian citizen.

*Resolved*, That the Society hereby extends to the family and friends of the deceased brother, its earnest sympathies in this hour of sad affliction.

*Resolved*, That a copy of these resolutions be presented to the family of the deceased brother, and also one sent to the *Hahnemannian Monthly* for publication.

B. F. DAKE, M.D.,  
J. C. BURGHER, M.D.,  
W. R. CHILDS, M.D.,  
Committee.

In transmitting these resolutions, the Secretary has to add that Dr. Crooks studied his profession under the supervision of Dr. B. F. Dake, with laudable industry and zeal, and graduated at the Hahnemann Medical College of Philadelphia, in the year 1868. Throughout his short professional career his kind and gentlemanly deportment to patients, friends, and colleagues, rendered him beloved and admired of all.

J. H. McCLELLAND, M.D.,  
Secretary.

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## PUBLICATIONS RECEIVED.

TRANSACTIONS OF THE TWENTY-SECOND SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY, held in Boston, June 8, 9, 10, 11, 1869. *New Series.* Boston: 1870.

Owing to a "strike" in the printing office, this valuable publication was vexatiously delayed, and was not received until the meeting of the Institute in June last, in Chicago. Its appearance indicates the same careful supervision that has marked the publications of the Society during the past three years, under the superintendence of the late Secretary, Dr. I. T. Talbot. A glance at the contents of the volume, however, exhibits the fact that it is not alone in appearance that the present volume is the equal of its predecessors, and, indeed, exceeds them in the variety and excellence of its reports and discussions. The reports of the various Bureaus are quite full, and embrace a variety of valuable papers, the most noteworthy of which are: *Our Materia Medica*, by William E. Payne, M.D.; *Pathogenesis of Stillingia sylvatica*, by E. M. Hale, M.D.; *REPORT OF THE COMMITTEE ON NOMENCLATURE AND PHARMACY*; *Homœopathic Treatment of Measles*, by W. H. Holcombe, M.D.; *Sciatica from Gold Poisoning*, by J. Heber Smith, M.D.; *Cerebral Disease cured by Lachesis*,



by W. P. Wesselhoft, M.D.; *Report on Obstetrics*, by Henry N. Guernsey, M.D.; *A Case of Ovarian Dropsy*, by John Hartman, M.D.; *Ovarian Tumors cured by Podophyllum*, by W. Gallupe, M.D.; *Excision of the Inferior Maxillary Bone*, by W. Tod Helmuth, M.D.; *Clinical Notes on Surgery*, by John C. Morgan, M.D.; *Radical Cure of Inguinal Hernia*, by M. Macfarlan, M.D.; *Ophthalmic Surgery*, by James B. Bell, M.D.; *Report on Physiology*, by J. H. P. Frost, M.D.; and *Ventilation*, by A. R. Morgan, M.D. The Report of the Bureau of Organization, Registration, and Statistics, is full of interesting matter. By the new arrangement, instituted in 1867, the various sections are constructed so that the reports of each Bureau, running through several years, may be bound together. The Institute should order, at its next session, the preparation of a complete index for each part, so that members may have their sections bound; as several of them, when the reports and papers of the Chicago meeting shall have been added, will constitute volumes of considerable size.

**THE UNITED STATES MEDICAL AND SURGICAL JOURNAL.** A Quarterly Magazine of the Homœopathic Practice of Medicine. A. E. Small, M.D.; R. Ludlam, M.D.; and W. Danforth, M.D., Editors and Proprietors. Chicago: October, 1870.

This hitherto ably conducted and excellent journal, comes to us in a new dress, and with new editors and proprietors. Mr. Halsey having disposed of his interest in the journal to Messrs. Small, Ludlam, and Danforth, members of the Faculty of Hahnemann Medical College, it becomes the organ of the College, for the furtherance of its interests, as well as a medical journal for the entire profession. And we are most happy to congratulate our colleagues upon their success; inasmuch as their first issue, which may be taken as a prototype of its successors, contains many valuable articles, and is, altogether, an excellent number. The editors remark, "Our prospectus runs over with promises, every one of which we mean to fulfil;" and judging by their first effort, we have every reason for believing that they will keep their word. Among the many contributions to the present number may be mentioned: *Amblyopia*, by A. E. Small, M.D.; *Gonorrhœa*, by Temple S. Hoeyne, M.D.; *Dysentery*, by C. C. Smith, M.D.; a republication of the *Provirings of Glaucomé*; *Polypus of the Rectum*, treated by Bromide of Potassium, by W. Tod Helmuth, M.D., and the Transactions of the Chicago Academy of Medicine.

Subscriptions received by Bœricke & Tafel, New York and Philadelphia.

**TEXT-BOOK OF HOMŒOPATHY.** By Dr. v. Graueogl, of Nuremberg. Translated by George E. Shipman, M.D., at the request of the author. Chicago: 1870. Two parts in one volume. On sale by Bœricke & Tafel, New York and Philadelphia.

A somewhat lengthy notice of this great work, we regret to announce,

is crowded out, owing to the unusual length of the report of the proceedings of the Philadelphia Medical Society, but will appear in the December number.

## WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

THE Society met in Camden, August 17th, 1870. President, Dr. Wilkinson, in the Chair. The following members were present: Drs. Hunt, Wilkinson, D. E. Gardiner, Tindale, Kirkpatrick, Cooper, and Shreve. Charles W. Perkins, M.D., of Marlton, was duly elected a member. After transacting considerable unfinished business, Dr. Hunt was elected Corresponding Secretary, agreeably to an amendment of the Constitution.

Dr. HUNT, Chairman of the Bureau of Practice, reported an interesting account of an epidemic *cholera infantum*, then prevailing in and around Camden, generally attacking very young children, two, three, and four months old, attended with severe vomiting, which was mostly controlled by *Ipecac* and *Verat*. Diarrhœa was peculiar. Yellow, watery stools. *Gamboge* was the chief remedy used; sometimes *Ars.*, though but little used in his practice.

Dysentery had generally yielded to *Merc.* and *Colocynth*.

Scarlatina has prevailed to some extent, attended with dropsy, *Apocynum* proving a valuable remedy, *Stram.*, *Hel.*, and *Ars.* occasionally.

Dr. WILKINSON finds *Cuprum* an excellent remedy in unfavorable cases. Brain becomes affected; cold extremities, &c. Mentioned an epidemic intermittent fever prevailing in his locality (Trenton), and he had generally been very successful with *Ars.*

Dr. COOPER had, in most cases of cholera infantum, used *Sulphur* and *Mercury*.

Dr. SHREVE presented a very interesting report on diphtheria followed by stricture of the œsophagus, which required mechanical means to relieve, accomplished with dilators, the patient being fed with a feeding-pump for some time; was then convalescent, though partial paralysis of the extremities had followed the recovery. Remedies used, *Puls.* *Spongia*, *Bell.*, *Merc.*, and *Lachesis*.

Dr. KIRKPATRICK generally uses Biniodide of Mercury in diphtheria in connection with Bromine. Has used Carbolic Acid with good results in quinsy, both externally and internally.

Dr. D. E. GARDINER always uses the Mercury where there is any membrane forming or formed, and has never seen a return of it.

Dr. COOPER has used the Mercury, but the membrane has re-formed; has applied it to the membrane dry, 3d trituration; finds it an excellent remedy to destroy the membrane.

Dr. WILKINSON in the early stages of diphtheria uses *Acon.* and *Apis*; if not controlled by these remedies resorts to the Mercury.

Dr. HUNT uses the Mercury and Phytolacca where there is excessive dryness of the throat.

Dr. KIRKPATRICK, Chairman of Bureau of Materia Medica, presented several very interesting cases cured by Ars., and his reasons for giving that remedy. The great characteristic he was governed by was the thirst peculiar to Ars.,—drinking often, but not in quantity.

The Reports of Bureaus of Obstetrics and Surgery were omitted, owing to the absence of members, &c.

The Society adjourned to meet in Burlington, the third Wednesday of November, 1870.

ISAAC COOPER, M.D.,

Secretary.

## CENTRAL NEW YORK HOMOEOPATHIC MEDICAL SOCIETY.

THIS Society held its regular meeting, September 15th, at Dr. Hawley's office, Syracuse; the Vice-President, Dr. Spooner, of Oneida, occupying the chair. The following gentlemen were present: Drs. Spooner, Schenck, Jones, Wallace, Belding, Frye, Benson, Boyce, Hawley, Truman, Clary, Miller, Southwick, Bigelow, and Brewster. Dr. J. B. Truman, of Scott, having been proposed for membership, was duly elected under the rules.

THE SECRETARY read an article on "Precision in Prescribing," by Prof. J. H. P. Frost, of Danville, Penn., which was illustrated by cases from practice, illustrative of the treatment of intermittent fever with *Eupat. perf.* 6th. Dr. Frost's paper was discussed by Drs. Clary, Schenck, and Boyce.

Dr. BOYCE said that he had derived the most satisfaction, in the treatment of intermittent fever, from the use of *Natrum mur.* 2c.

Dr. SCHENCK alluded to his successful treatment of the disease by *Arsenicum*.

Dr. HAWLEY related a case of intermittent cured with a single dose of *Colchicum*. He also referred to cases cured by *Bryonia* 2c, and to one case cured by *Carbo. veg.*

THE SECRETARY read an article on *Apis mellifica*, and its applicability in the treatment of scarlet fever, diphtheria, and the disorders of dentition, by Prof. Adolph Lippe, of Philadelphia. An interesting discussion followed the reading of this paper.

Dr. BOYCE reported a case of headache cured with *Lachesis* 2c, one dose, after Belladonna had failed, although it seemed to be indicated. The headache was relieved by *Lachesis*, 2c, in five minutes after it was administered. After the headache was relieved there appeared the peculiar drug symptom of *Lachesis*, where the patient wants the throat and neck uncovered: this passed off next day. The relief in this case by *Lachesis*, 2c, has been confirmed since then by other trials on the same patient.

THE SECRETARY read another article from Dr. Ad. Lippe, "Liberty



of Medical Opinion and Action." This was discussed at some length, and the Secretary was ordered to send it to some periodical for publication: (See H. M., p. 153.)

On motion, the thanks of the Society were ordered to be tendered to Drs. Frost and Lippe, and their articles on Precision in Prescribing, and Apis, were ordered to the Publication Committee.

On motion, Dr. Boyce was requested to furnish the members some remedy to be proven.

Dr. Jones spoke of several interesting cases which he had treated the past summer.

Adjourned to meet at Syracuse, December 15th, 1870.

P. OSCAR C. BENSON,  
Secretary.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE October meeting, held at the College Building, on Thursday, 13th instant, was well attended. The President, Dr. Williamson, occupied the chair. The minutes of the September meeting were read and approved.

Dr. Dudley, from the Committee on Prevailing Diseases, stated that that committee had no special report to make. This was followed by the

### REPORT OF THE COMMITTEE ON PROVINGS.

Dr. H. N. GUERNSEY, chairman of the Committee, exhibited a number of half ounce vials containing the tincture of an article he proposed to have proven by such members as were willing to engage in the work, and which has not hitherto been proven. He would reveal the name, or not, as the Society would decide. [It was thought best that the name should not be made known until the proving was completed.] He desired that provers would report to him, so that the symptoms recorded might be arranged; or directly to the Society.

Dr. John C. Morgan offered, on behalf of the Committee, the accompanying provings of Nitro-muriatic acid, and a clinical proving of Arsenicum album.

### *Provings of Nitro-Muriatic Acid, by J. C. Morgan, M.D.*

June 30th, 1867. At 6.10 P. M., took 2 drops of 1st dec. dilution (aqueous) in  $\frac{3}{4}$  j of water. Immediately a sense of pressure or fulness in the parotid, submaxillary, and sublingual glands, in the order named, with some increase of saliva. On left side, increased more and more towards zygoma and malar bone; less on right side.

At 11 P. M., one drop. Slept well. On rising, at 7½ A. M., sensation from left hypochondrium to rectum as of desire for stool, following the course of the large bowel. Evacuation of flatus, and eructation of the

same. Since first dose easier than common; inspiration also more easy than usual.

July 1st, 12 M., of a solution of gtt. iij in f $\overline{3}$ ij of water, took a sip, about  $\overline{5}$ j. Five minutes after, while leaning to left side, sudden sticking ache in left temporal region, preceded by twitching of anterior fibres of temporal muscle. In half an hour, while writing at a very low table, spasmodic tremulous contractions in pharynx, in the vicinity of the levator palati muscles. On walking in the room, one-fourth hour later, a cramp momentarily felt in hollow of right foot.

P.M. Made some exertion (weather hot) with an obstetric case, and at 11 P.M., took some soda water containing ginger syrup, feeling thirsty and in need of refreshment.

Slept well. On rising in the morning, July 2, had sensations similar to previous morning in bowels. After breakfast, a free, loose, yellowish, pappy stool.

At 1 P.M., took another sip from the solution. Immediately sensation in penis, afterwards in bladder (whilst writing), of desire to urinate; later a sort of languid aching through hips and thighs (front), and small of back (having rested arms on thighs). After a short delay passed a quantity of normal, somewhat pale urine. Afterwards, while sitting, a glow, with languid feeling, from calf to sole of left lower extremity, continuing as heat in the sole. Within a few minutes, sensation as if perspiration would break out while sitting. Within the hour took a glass of cold lemonade. Afterwards, sticking in dorsum of right hand to third knuckle. Afterwards, successively, the same on dorsum of left forearm and hand, then in back of both thighs when walking, at 7 $\frac{1}{2}$  P.M. Directly after, while still walking, a sharp, stitch-like drawing pain in front of right forearm, beginning, and worst and most persistent at commencement of biceps tendon, above elbow. (Ate vanilla ice-cream at dessert, 4 P.M.) The pains (especially of the upper extremities) recurred quite frequently, up to the *morning* of July 3d.

July 4th, 7 $\frac{1}{2}$  A.M. While taking a cold bath, took a pain in right side of back, about the position of the rhomboideus major muscle, rheumatic, i. e., catching, muscular pain, on twisting and lifting the limb.

At 10 A.M., took a sip of a fresh solution.

*Proving by C. Winslow, M.D.*

Age, 26. Temperament, bilious. Experiments with Nitro-muriatic Acid, each dose containing one-tenth of a drop. (1st dil.)

Took first dose at 10 A.M. At 11 A.M. slight feverishness, slight frontal headache with some dizziness.

Second dose at 3 P.M. At 4 P.M. feverishness still continued; peculiar sensations in the temples as if brain were distended; a feeling of pressure on the temples; some palpitation of heart.

Third dose at 6 P.M. About an hour after taking this dose had a slight colic in lower region of abdomen. Slept unusually well, and felt the next morning, the 21st, better than usual.

*August, 21st.* At 10 A.M., took another dose. Experienced no unusual sensations except some slight feverishness.

3 P.M. Fifth dose. Felt no symptoms this afternoon; had no feverishness.

*Proving by M. M. Walker, M.D.*

Age, 21. Temperament, sanguine. The first decimal attenuation I obtained from Prof. John C. Morgan; this I potentized to the thirtieth centesimal, according to Dr. Lippe's mode, in distilled water.

#### FIRST PROVING.

*January 7th, 1867.* At 5 P.M. took 2 drops of 30th potency. Ten minutes after a chilly sensation passed over me, which commenced in the rectus femoris muscle, passed upward over the body to the face.

At 9.15 P.M., felt a pricking sensation in the muscles between the fourth and fifth metatarsal bones of the right foot, at the same time a similar pain in the region of the bladder; both were quite light.

*January 8th.* Took breakfast at 8 o'clock (ate bread and butter and bread and milk), which did not seem digested at 2 o'clock when I ate dinner.

*January 9th.* Arose at 7 A.M., with feeling as I arose from a lying position as if the brain was all in the occiput, making it feel heavy.

Food or regular meals seemed to be much longer in digesting. Heavy pain in quadratus lumborum muscle.

#### SECOND PROVING.

*January 26th.* Took 3 drops of 30th at 11 P.M., after hard study.

*January 27th,* 1 P.M. While sitting by the stove reading, chilliness commencing at all points on a line drawn around the chest and over the arms at the lower part of the sternum, passed upward over the shoulders up the neck, face, and head, converging at the vertex. Retired that night at 9½ P.M., and arose at 7 next morning.

*January 28th.* Felt very sleepy with headache at 1 P.M. Headache and sleepiness increased, and was worse at 3 P.M., but continued through the evening till I retired at 11 P.M.

*Tuesday, 29th.* Lower lip has a blister on the inner side as large as an incisor tooth, which I first noticed at 1 P.M. While eating dinner at 2 P.M. could not help biting it. For several hours after whenever I closed my teeth I would bite it. The inside of lower lip was also swollen, and this blister the most pointing part.

*February 2d, Saturday.* No more symptoms till to-day. Fluttering of heart while eating dinner at 2 P.M. Very much worn out by much hard study, and little exercise. Felt mentally and physically depressed, like I did previous to having typhoid fever three years ago. Worse from 10 to 12 A.M.

At 12½ went to gymnasium, and after moderate exercise felt very weak, but improved in about an hour after.

*February 3d, Sunday.* Fluttering of heart while eating dinner at 1½



P.M. At quarter before 2 P.M. started for the cars, was a few minutes late, and had to run part of the way. After running slowly half a square was taken with fluttering of the heart so I had to stop running and walk, when it gradually passed off. Immediately on being seated in the cars my mouth filled with saliva which I spat out; my mouth continued filling as rapidly as I could spit for about ten minutes, when it decreased in quantity but continued in a less and less degree for one hour, or from 2 to 3 P.M.

*February 6th, Wednesday.* Have been troubled more or less with constipation since I began the proving. This evening, at 7 P.M., had desire for stool; after much urging was unable to pass anything owing to constriction of sphincter ani. On pressing with finger at the end of coccyx expelled a small amount of faeces.

*February 7th.* Desire for stool at 8 A.M. After much urging with rectus abdominis expelled a small amount of faeces, notwithstanding the constriction of the sphincter ani.

No more symptoms up to February 13th.

#### *Clinical Proving of Arsenicum.*

In a case of intermittent fever in a lady of 27 years, *Arsenicum album*, first (centesimal scale),  $\frac{3}{4}$  gr. every hour whilst waking, during the first pyrexia, to the extent of fifteen doses in a day and a half, seemed to give rise to the following train of symptoms, the regular chills and fevers having ceased. Nausea and vomiting with loathing of food, alternating every second day, with freedom from all bad symptoms. Then, diarrhoea; the latter yielding to China<sup>3</sup>, the former to Tartar emetic<sup>6</sup>. Then, a febrile attack, with pain in the back and hypochondria, stitching in the extremities, anasarca, salivation, accumulation of mucus in the throat, causing suffocative, hacking cough. Previously a rapid convalescence had commenced under the use of Cinchonin. sulph., first, which was interrupted by imprudence in diet. *Pulsatilla*<sup>30</sup> was taken for the gastric symptoms; then came on the fever, &c. For the new symptoms Bell.<sup>3</sup> and Bry.<sup>3</sup> were given, as, also Aconite. The acute symptoms subsiding, the complaint passed into a more chronic form, in which Sulphur<sup>3</sup> and Sulphuric acid<sup>3</sup> were successively taken; first with advantage, but followed by aggravation. During the passage into a subacute form, an examination of the scanty, high-colored urine being made, it coagulated on the application of heat, and of Nitric acid; the precipitate being redissolved by boiling in excess of Nitric acid. Impatience and despondency characterized the moral sphere, and the general state irritable, with anæmia and weakness. *Nux vomica*<sup>300</sup>, alternated at intervals of six hours, with *Helleborus*<sup>30</sup>, gave marked relief to all the symptoms at this stage, but from impatience homœopathy was discarded, and an allopath called in, who gave Tr. ferri mur., *Digitalis*, &c., with partial relief, also. He having been likewise dismissed, a domestic course was resorted to, consisting of diluents, baths containing salt, friction, and diuretics; includ-

ing, especially, *Infusum apis*; whereupon the patient gradually convalesced, with falling out of the hair, pale skin, and for a while, oppressed breathing.

Two points of interest are notable in this case, viz., 1st. The danger and gravity of the symptoms resulting from so small a quantity of the drug; and, 2d. Its relations, both pathogenetic and curative, to Bright's disease of the kidney, and the dropsy which is its external manifestation. The complexion was, on recovery, very fine and white.

Dr. B. W. JAMES, Scribe, then made his usual monthly report, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**THE ELECTRIC SPARK AS A REMEDY.**—Obstinate neuralgic pains, tremor of the extremities, pericardial flutterings, where it results from nervous debility, it is said can be removed by charging the patient with frictional electricity from an ordinary electric machine. The patient stands on a stool with glass legs, or one whose legs stand in tumblers, or on glass, while the patient does not touch anything; and, when fully charged, the operator, standing on the floor, touches the invalid, and discharges him, drawing a spark from the part, and almost instantly relieving the suffering.

**DIABETES.**—Dr. Pavy, an allopathic authority, asserts that Opium, Morphia, and Codeine all have the power of arresting the sugar, in diabetic cases, from being eliminated with the urine.

**NEW PYÆMIA THEORY.**—The ordinary theory is that it is produced by pus or decomposing secretions being absorbed into the system, but M. Guerin, of Paris, advances the idea that it has a miasmatic origin as much as intermittent fever has, and considers the disease a kind of surgical typhus.

**CLEVELAND MODE OF MEDICAL EXAMINATION.**—Believing it to be of use to compare any improved methods of examining medical students for graduation, and having recently given you the St. Louis plan, I will here briefly give that of the Cleveland Homœopathic Medical College:

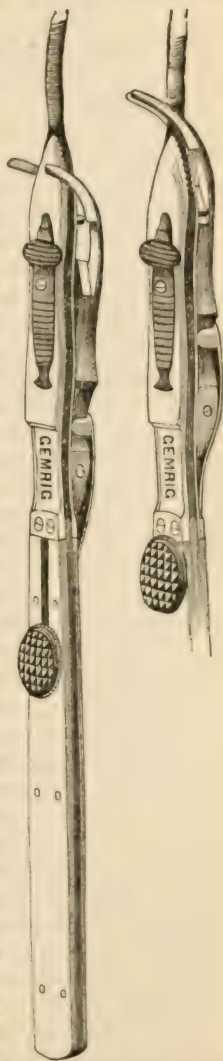
Each professor provides himself with a printed list of questions, a copy of which is distributed to each candidate. The latter is then required to write out a full and clear answer to each question, or as many of them as he can. Of course, from the time the questions are distributed till his papers are handed in, no candidate is allowed to leave the room, or consult a text-book. In determining the percentage or standing of a candidate, his orthography, grammar, and general appearance of his paper are taken into consideration, as well as the correctness of his answers. During the term the students are subjected to daily examinations upon subjects that have been gone over, sometimes oral, sometimes written. A professor may omit for a day or two the quiz, and then take a general review by questions either oral or written. In this

way the student is every day making up his standard of scholarship, and his status in his class is not irrevocably fixed by any one examination.

**HEWSON'S IMPROVED ARTERY FORCEPS.**—I show you here an instrument for the torsion of severed arteries, and having also an attachment for breaking the internal coat of the artery just above the point grasped for torsion, and which accomplishes the same object that the ligature does in this respect. The forceps are rather broad, but tapering at the point, and the closing surfaces are serrated, in order to grasp and hold the end of the vessel the more readily; and they are fastened shut by a slide-catch. Then there is an attachment, looking like an auxiliary pair of curved forceps, with the blades extending up on either side of the artery forceps. When the forceps are applied, a button moving in a slot in the handle of the instrument is pushed up, which moves the attachment for breaking the internal coat of the artery up beyond the grasp of the forceps; and by an ingenious arrangement underneath, the same button pushed on closes this attachment tightly upon the vessel. As soon as this is done the button is drawn back, bringing back with it the auxiliary forceps, and then the whole instrument is turned once or twice around on its axis, and thus twisting the end of the artery, after which its hold is released.

**PRUSSIAN HOSPITAL INSIGNIA.**—A white flag with a red cross is the hospital flag. This is to be the international hospital flag for all nations, if the recommendation of the Military Medical Congress is universally adopted. The Prussians connected with hospitals wear a white band, with a red cross on it, on the left arm; and this indicates that the wearer is a non-combatant, and is one of the hospital corps, either as medical officer, nurse, or medical dresser; and all such are respected and not fired upon by either contestant in battle, if they can be recognized.

**INFANTILE MENSTRUATION.**—The following interesting case in my private practice is worthy of notice. It is a little flaxen-haired girl, just four years of age, with fair, white complexion, but apparently not scrofulous, dark hazel eyes, quick, active movements and a bright intellect, and weighing thirty pounds. When twenty-one months old, she had





a vaginal discharge, red in color, and lasting three or four days. In four weeks it returned, and continued the same, with the same menstrual color of discharge. Twice again, at intervals of four weeks, the same thing occurred. The fifth time the discharge was whitish, not red at all, and so every four weeks has this kind of discharge, sometimes being yellowish and sometimes darker in color, appeared, until now, when at the last period it assumed the red and characteristic appearance of a menstrual flow again, and was quite free in quantity. At the time this discharge comes on, her eyes get dark under the orbit, and she looks hollow-eyed, and seems to have pain across the lower part of the abdomen, as she grasps the abdomen each side of the umbilical region, and holds her hands there at times tightly, although she does not complain of pain. She seems rather thin at present, but is otherwise in good health. She has a well-formed, full chest, but no abnormal development in the mammary region or in the external organs.

ANOTHER MODE OF TREATING THE FUNIS.—Dr. Thomas Conway, believing that elongating the fœtal end of the cut funis, and thus diminishing the calibre of the arteries of the cord in this way, to be a natural and reasonable mode of arresting and preventing the flow of blood, first cuts the cord rather longer than usual, and then without tying it, makes traction upon it, but of course not sufficient to raise the child up by the funis or to injure the abdominal parietes, and then before leaving the house, cuts off the surplus funis to about two or three inches from the abdomen. He says, that in the birth of the offspring of the cow the cord is *broken* in the descent of the calf, and is *not bitten* off by the cow, as is generally believed, unless in exceptional cases, the rule being that it is broken by tension, and that no injury results to the abdominal walls of the calf, nor does hemorrhage occur.

The Scribe's report being open for discussion—

Dr. H. N. GUERNSEY said he had not tied the cord once since May last, and the longer he practices non-ligation the better he likes it, honestly believing it to be a benefit to the infant. He instructs his nurses to not tie the cord, when they are present at delivery in the absence of the doctor. As a general thing, he thought, it makes a decided difference in the number of cases of colic. The cord does not bleed longer than half a minute.

Dr. O. B. GAUSE remarked, that in the first case in which he left the cord untied, the blood flowed for a longer period than half a minute, and the child was more cross and colicky than any other child the parents had had; so that he could not look on non-ligation as a sure cure for baby colic.

Dr. J. C. MORGAN thought he had observed that whenever he gave medicine to the mother within a week after childbirth, the child invariably had colic, and he always stated to the mother that he preferred giving her no medicine unless absolutely necessary.

Dr. B. W. JAMES referred to the case he had reported in the *Hahne-*

*mannian Monthly* (Vol. VI, p. 131), which showed that hemorrhage could occur secondarily, and that pulsation does not cease, in some cases, so soon as stated.

Dr. J. C. MORGAN had had a case with Dr. A. R. Thomas, in which the child was asphyxiated at birth, and they had allowed the cord to pulsate until the blueness had disappeared. In order to see whether pressure on the cord would have any effect on the blueness of the surface, Dr. Thomas pinched the cord, but it had no effect whatever, except that it ceased pulsating on the fetal side.

Dr. JACOB JEANES thought that tying or not tying the umbilical cord had little to do with baby colic. He had had great success in the treatment of these colics, from the use of the *Anisum stellatum*. It might be given in any potency from the third to the thirtieth. He had seen so-called three months' bellyache removed permanently in three or four days, from its use. He gives a pellet or two when the child has colic, and repeats the dose again and again unless relief is obtained, and in three or four days the colic has permanently disappeared.

Dr. H. N. GUERNSEY remarked that he had read the account given by Dr. James, of his case in the *Hahnemannian Monthly*, and wished, at the time of reading, that Dr. James had reported what medicinal treatment he had resorted to. He was of the opinion that the child needed some medicine. He had had some valuable and happy experience in the treatment of new-born sickly children. He had thought of *Laurocerasus* in connection with Dr. James's case.

Dr. B. W. JAMES. I gave no medicine at all. I regarded the case as one of asphyxia, and treated it accordingly. When respiration was established I regarded it as a cure, and thought the child would have continued to live, had it not been for the cyanotic condition.

Dr. H. N. MARTIN said he had had capital results with colicky children from the use of *Senna*. He gives *Senna* 5c, of Tafel's preparations, and rarely has occasion to use other medicines. He referred to the influence of the diet of women in child-bed, on their children, in producing colic. He feeds women in child-bed well, has witnessed no evil results from that practice, and has very little trouble with colicky children.

Dr. WILLIAMSON. A practitioner from the country, who recently paid me a visit, told me he had seen two cases of fatal hemorrhage resulting from the cord being left untied. They had not occurred in his own practice, but he had been called to them. They were negro children, their mothers having been attended by negro midwives who had failed to tie. He said he had had in his own practice six cases in which he had left the cord untied, and thought there was about the same proportion of jaundice and colic amongst the children. I was instructed by Dr. Dewees to make pressure on the cord, and I do it still in nine cases out of ten; not for the purpose of arresting hemorrhage, but to stop pulsation. I may remark here, that the physician I before referred to, like-

wise told me that he had treated a number of cases of diabetes successfully with *Gentiana lutea*. The urine, in these cases, had not been tested. One patient passed from eight and a half to nine quarts of urine in twenty-four hours.

On motion of Dr. DUDLEY, the resolution adopted by the Society in October, 1869, inviting graduates in medicine, who are homœopathic practitioners, in attendance at the medical schools of this city, to take part in the discussions of the Society, and to present papers, was re-enacted, and a copy directed to be read to the class of the Hahnemann Medical College.

In accordance with the resolution adopted at the preceding meeting, the Society proceeded to the

#### DISCUSSION ON UTERINE HEMORRHAGE.

Dr. BUSHROD W. JAMES took ground against some of the views advanced in the paper on Uterine Hemorrhage read at the last meeting.

He agreed with the paper in the mode of managing cases of placenta prævia, for it was the method he believed in and used in practice. But other points needed discussion. He claimed that the author ignored Dr. Baer's experience and treatment, and then set up his own dogma of infallibility. He was a dissenter from such infallibility. The author says, "My advice to *all* is, to give the remedy indicated by the symptoms," totality understood, of course.

Now, many cases have only the *one* symptom, that of hemorrhage; but if this one symptom continue, those *symptoms* that every copious hemorrhage will produce, necessarily result, and yet the author objects to Dr. Baer's practice, because he has found for that one symptom, hemorrhage after full-term parturition, that *Secale*<sup>3</sup> would cure many cases, or, if that fails, *Belladonna* will help in 99 cases out of every 100, while he does not hesitate to recommend in urgent cases, the gentle but firm grasping of the fundus of the uterus likewise. The *Secale* or the *Belladonna*, as indicated, is doubtless given before the cases reach the stage in which the other symptoms appear, which Dr. Guernsey waits to see developed by the very continuance of the hemorrhage. He uses the term "*persistent discharge*," which means a discharge continuing for some length of time. It would appear as though he waited to see the hemorrhage last awhile, watching and hunting up the symptoms which this very condition of things is producing; while Dr. Baer throws in his *Secale* or his *Belladonna*, or compresses the uterus at the offstart, when hemorrhage alone is present, and arrests it, and thus averts all the other symptoms otherwise superinduced.

If Baer was in the habit of waiting for his cases to become dangerously bad while he was hunting up imaginary symptoms, the nausea, faintness, &c., might appear, and he might have to give *Ipecac* too; for the *Ipecac* symptoms might ensue from the loss of blood alone.

With regard to compressing the uterus. He could not see the harm



in it if a life was to be saved thereby. The uterus is not such a tender organ, for the fetus kicks and pounds it internally two or three months before birth without injuring the mother at all. In alarming cases, there is no harm from grasping the fundus with one hand over the abdomen and inserting the other hand into the vagina, and grasping and closing the os uteri at the same time. This stops the flow and saves the life, and it rarely returns if you hold it long enough, and gradually and gently remove your hands and attend to the proper position of the patient; that is, have her head lowered and her hips elevated. Now, do not understand me to object to administering medicine at the same time, for I would have the remedy given as indicated, and would expect it to help in preventing a return of the flow.

There is another inconsistent point in the paper. He tells us to use Aconite 2000, or Lachesis 2000, and I remember he said Ipecac was to be used high, a dose every five minutes. With high attenuations we have been told, time and again, by those best able to judge, you must give a single dose and wait for the action of the remedy, which I have frequently heard stated also acts more slowly than the low attenuations, but with more certainty. Now, how is that for high potency treatment when the dose is repeated every five minutes?

He uses one absurd term, "pinching the uterus." To pinch the uterus would require to get it as you would the skin when you pinch it between the thumb and a finger. When you grasp the uterus you use the whole hand and compress it without pain. Pinching and grasping are two different things, and Dr. Baer or any other rational accoucheur would never think of barbarously pinching a patient.

There is a subject intimately connected with this, which the paper has avoided, and that is uterine hemorrhage when an abortion has resulted or has been criminally produced, and where the placenta is retained. The author wishes nothing but internal homœopathic remedies to be used in all cases of uterine hemorrhage. I want to get the placenta away as soon as possible, and want to remove it if it will not come away itself where hemorrhage is present. He thinks there is a hidden morbid influence present which is the cause of hemorrhage in any and every case. That is all theoretical, and there is as good reason to believe an opposite view, since there was an absence of all symptoms (and symptoms are the evidences of disease being present) prior to the abortion.

Such a case was one requiring mechanical aid as well as medicinal, and we should not withhold it.

Dr. H. N. MARTIN never leaves a woman after confinement without placing his hand on the abdomen to see whether the uterus has contracted or not. He does not trust to the pulse alone as an indication of the good condition of the woman. He has witnessed the contraction of the uterus under pressure, and its relaxation when the grasp was removed. In one case he had been obliged to introduce his hand and remove a large clot before a permanent contraction could be secured. In regard to retained

placenta after abortion, he remembered the case of a woman who aborted and the placenta was retained. It remained for some time, and she flowed repeatedly; but had medicine from a homœopathic physician from time to time, with the hope that the placenta would be finally cast off. She got tired of this treatment after a time; an old school physician was called, who removed the placenta, and the woman died in two minutes thereafter.

In cases of *placenta prævia* the treatment recommended by Prof. Guernsey may do in some cases, but not in all. He had had a case in which the child was dead. There was no uterine action, the waters were discharged, and the child's head was resting on the placenta. He could not penetrate the placenta. Under these circumstances, he introduced a tampon, thinking the irritation it would produce would hasten the case, as well as arrest the hemorrhage, which latter it seemed to do. He also gave medicines in high potencies, and finally tablespoonful doses of wine of ergot, until he had given quite a large quantity. Subsequently, in consultation with another physician, the placenta was removed, and afterwards the child. The woman was almost dead, but finally recovered. Her pulse, for two weeks, fluctuated between 120 and 140. He noticed that, during that period, she could not bear the slightest amount of heat. When the cold air was blowing on her from an open window, and she was covered with a sheet only, she complained of being warm. He regarded this peculiarity as a pathogenetic effect of *Secale*.

Dr. PEMBERTON DUDLEY said that, although Dr. Guernsey had been obliged to "contend earnestly for his faith" in homœopathy as the proper means of controlling uterine hemorrhage, for himself he could not see why there should be much controversy on this point. If the hemorrhage result from disease, this disease is certainly subject to the homœopathic law of cure; and when the disease is removed by homœopathic treatment, one of the conditions requisite to hemorrhage, the uterine relaxation, is in most instances relieved, and the flow must of necessity cease. He believed Dr. Guernsey's views were in the main correct, and that disease was the cause of the hemorrhage in the vast majority of cases. Still he thought there were instances in which hemorrhage occurred purely as the result of accident, and without the presence of any morbid influence. There are two requisites in uterine hemorrhage: a relaxed condition of the uterine walls, and a rupture of the uterine vessels. Relaxation no doubt sometimes continues after the expulsion of the secundines, simply because of exhaustion or fatigue. While in this relaxed condition, a mere hyperæmia affecting the uterus might rupture a vessel and give rise to hemorrhage; and yet this hyperæmia be no more a sign or a result of disease than the same condition in the cheek of a blushing girl. He did not believe homœopathic medicines would cure fatigue *per se*, and as for *disease*, there was none to cure. Such cases, therefore, he regarded as entirely outside of the sphere of homœopathy.

It had been a serious question with Dr. Dudley how far we should allow ourselves to be guided in the selection of the remedy by the phenomena which result from active hemorrhage, as we find them enumerated under the head of *China*: ringing in the ears, dimness of sight, cold skin, sinking pulse, fainting, &c. These are the universal results of active and continued hemorrhage, arising from whatever cause and in whatever situation, from the uterine arteries or the brachial artery. Moreover, it matters not what the previous condition of system may be. The premonitory symptoms may indicate Aconite, or Bell., or Crocus, or Ipecac., but in any case the symptoms occurring as the result of actual hemorrhage will nearly always point to China. Must we now lay aside the remedy indicated by the symptoms of the disease, and give instead a remedy indicated only by the results of the hemorrhage? Shall we lose sight of the *disease* itself, and give our remedies for an *accident* resulting from the disease? These same "indications" can be produced in any case and at any time by simply wounding a bloodvessel. He did not believe that hemorrhage, dependent upon a mechanical alteration of structure, could ever be thus arrested by medicines, but that all such cases should be considered surgical. If it is claimed that cases have been cured by such remedies, he would accept the *fact*, but could not accept the *explanation*. The remedy had not been prescribed *according to the symptoms of the disease*, and therefore we have no right to claim a cure, on homœopathic principles, in such a case. It is probable that the medicine has acted solely as a stimulant to the uterine fibres, and thus induced contraction, and the case might as well have been treated with ergot. The one method is perhaps no farther removed from homœopathy than the other, no matter whether the dose be large or small.

Dr. O. B. GAUSE. Dr. Guernsey recommends *Belladonna* when the face is red and the pulse full. He should not feel much alarmed about a hemorrhage where such conditions exist, for we do not find them in alarming hemorrhages. If these were the only indications for the use of *Belladonna*, in his opinion it would not be often administered. He, however, regarded it as one of our most valuable remedies for the treatment of uterine hemorrhage, but had other indications for it than those offered by Dr. Guernsey. He related two cases in point. In one he had been warned that the woman always had hemorrhage during labor, and, of course, he had some dread of her confinement. When the time arrived, however, he found everything going on well for an hour after delivery, and, being tired, went home and went to bed. He was soon roused, and told that his patient was flooding; and on proceeding to the house found her in an alarming condition from profuse hemorrhage. She was scarcely able to speak, but kept repeating, in a low, hoarse whisper, "Take those bells away." *Belladonna*—a drop of the third dilution on sugar—was at once administered, the hemorrhage was arrested, and in twenty minutes he went home again. There was no further trouble; the woman made a good recovery, and in her next confinement



had no hemorrhage at all. In the second case, the hemorrhage came almost with the fetus. A single pain brought the child, and the hemorrhage came with the expulsion of the secundines. She became pale, pulseless, and speechless, and was cold up to the knees. He gave *Belladonna* 3d in this case; it likewise promptly relieved, and the hemorrhage did not recur. There are medicines, and we ought to find them out, which have a specific action in these cases, in which we cannot obtain the minutely discriminating indications we avail ourselves of in ordinary cases of disease.

DR. JOHN C. MORGAN. Dr. James expresses himself in a way that is very common, viz., that "there are no symptoms to the case;" and he did not know but that the expression was sometimes correct. Many physicians find great difficulty in obtaining symptoms, as for instance in intermittent fever, gonorrhœa, &c. I used to be troubled in this way, but of later years my mind has been alive to what constitutes symptoms; and now I find so many, in some cases, that I fail to record them all. And some of these symptoms, which may be looked upon as apparently very trivial, are often valuable indications for the remedy. For instance, in intermittents, when the headache gets worse during the sweat (*Dr. Lippe* says when all the symptoms get worse during the sweat), *Rhus tox.* is the appropriate remedy. In regard to the repetition of the dose, alluded to by Dr. James, I believe I had nearly run myself out of confidence in high potencies, by being afraid to repeat the dose. But I now find it necessary in many cases to repeat, and in some cases to repeat frequently. You cannot frequently repeat the doses of a medicine with good effect for any great length of time, but you may do so for twenty-four hours. There are other cases again, where the single dose is the best. In a grave case of uterine hemorrhage, the repetition every five minutes is perfectly legitimate practice. This matter must be regulated mainly by the power of response of the system. Where these powers are great, few doses will be needed; where feeble, many doses. I have had but one case of violent post-partum hemorrhage in my own practice, and that was controlled by grasping the uterus, and by pouring cold water upon the abdomen, from a height. I have seen many cases of hemorrhage occurring after miscarriage, but have always been able to cure them by means of homœopathic medicines. *Dr. Wiltbank*, my preceptor in obstetrics, always insisted that we should insure uterine contraction as a safeguard against hemorrhage, and I feel disposed to attribute my immunity from these cases, to the care I exercise in watching the condition of the uterus, and securing its contractions after it has expelled its contents. Position is an important point in controlling uterine flooding. *Dr. Wiltbank* used to tell his students of a case in which he arrested the hemorrhage by taking the pillow from under the head of the patient, and placing it under her hips. *Dr. Dudley* remarked that fatigue is not a disease, and is not, therefore, amenable to homœopathic medication. I have found *Arnica* to be a most valuable remedy

for bodily fatigue, and Dr. Hering recommends *Cuprum* for fatigue of the mind.

Dr. H. N. GUERNSEY. Those who know me best, know that it has been my effort for years to do what I could towards bringing the practice of medicine as close to a certainty as it admits of being brought. I am of the opinion too, that the treatment of disease can only be made a certainty of by adhering closely to the strict rules under the homœopathic law; and that any turning aside from the principles of homœopathy, or resort to expediciencies, retards the development of our system by teaching us to rely on things outside of it, and consequently we get, by and by, to think that homœopathy is not adapted to this or that particular thing; when it is really only apparently so, because we have not trusted to it, and do not know its full powers. As I have before remarked, I had, years ago, a great horror of uterine hemorrhage, and made it and its special treatment a particular study. The result of my study was, that I believed homœopathy alone was better fitted to cope with the terrible calamity than any procedures outside of it, and with this view in my mind, derived from an unqualified faith in the truth of the law of cure, I have carried my opinion into practice, and it has been abundantly borne out as a truth. Uterine hemorrhage is controlled in my hands by medicines homœopathically administered, and by them alone. I have had a large experience in this matter, have had as bad cases as other men have had, and I speak the truth in what I say. The difference between me and some others is this, that they believe in homœopathy nearly all the way through, until they come to uterine hemorrhage, or perhaps some other bugaboo, while I, believing homœopathy to be the law of cure, trust to it even in uterine hemorrhage, as I do elsewhere. If my experience had demonstrated that my views were wrong, I would indeed be culpable to go on, and try to get others to do so; but it is because I know the practice to be so reliable that I urge it. If hemorrhage from the lungs can be controlled by medicines, why not hemorrhage from the uterus? In hemorrhage from the bowels, in typhoid fever, do you think of plugging the anus, and of squeezing the bowels? I do not care to pass in review all the strictures on my paper, particularly as many of them had no point to them, while others were only arguments in its favor, though not so intended. A few of them, however, I shall glance at. Dr. Dudley says that every case of hemorrhage resulting from a solution of continuity, must be treated on surgical principles. I would give as an instance of the contrary, *erectile tumors*. They go on increasing in size, and finally bleed, and bleed again. I have cured them, stopped the hemorrhage, and removed the growth, by the administration of *Phosphorus*, which I gave in the 19<sup>m</sup> potency. As to the remarks made against the use of China, all the theorizing that may be indulged in cannot upset one well-attested fact.

Practical experience is the touchstone by which medical matters must be tried, and not guesswork and theory. If my paper had been read

carefully, probably the remarks made about China would have remained unsaid. China is sometimes indicated at the commencement of a hemorrhage, as I have laid it down in the paper, and then does good service at that time. Or again, we may be called later, as I have said, and China will be indicated then; or still later, as the paper shows, and find the symptoms I have spoken of, and then China will, and has in my hands, frequently averted death, and put the patient into a good condition. If other symptoms show themselves indicating another remedy, let it be given. To say that I sit at the side of a flooding patient, and wait for the collapse symptoms of China to occur, in order to get symptoms of that medicine, is simply absurd, and I have no reply for such arguments as that. If we look back for, say fifty years, we will observe that uterine hemorrhage is becoming less frequently fatal. It is so because physicians are more and more treating it with medicines. In our own school the teaching is spreading that medicines are the most reliable means to meet the emergencies, and it looks as if, by and by, all would be using medicines, even those who most strenuously fight against the views I have the honor to advocate. Homœopathy was ridiculed all the world over, when it was first promulgated, and notwithstanding the great results it has shown, it is still laughed at by a great majority of the profession and of the laity, but it is gaining ground inch by inch, and allopathy is giving way inch by inch. Now those who support homœopathy in its purity, and believe that the homœopathic law really is—as so many assert—coextensive with disease, are laughed at by men who claim to be of the same school. But wait, and by and by, all will come in and be converted. It may be that my paper is in advance of the time, but its views suit me and a great many others now, and probably will, by and by, suit a great many more.

Dr. JOHN C. MORGAN related the case of a lady who had, through several years, frequent and profuse hemorrhages, and who had sought relief, unavailingly, from a number of physicians. Finally, while in England, Dr. Marion Sims removed, by means of the curette, a number of polypoid growths, which gave complete immunity from hemorrhage. On her return to America, however, the hemorrhage returned, and she was unavailingly treated with homœopathic remedies. While Dr. Sims was on a visit to New York, she went to that city to meet him, but found he had sailed that day for England, and Professor Elliott removed similar polypoid growths. She had peritonitis, which Dr. Elliott did not control, and he (Morgan) was sent for. She finally recovered, and sailed again for Europe. The hemorrhage came on again, when she consulted the famous homœopathist Arnold, of Heidelberg, who referred her to a Dr. Kunz, who, with great astuteness, traced her malady to a hitherto unsuspected cause, viz, to bathing in ice-cold water in the state of Maine—gave her *Rhus tox.*, which removed all her symptoms, and she has had no trouble since; now a long time.

The Society then adjourned to meet Thursday, November 10, 1870.



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UTERINE HEMORRHAGE.—A REPLY TO DR.  
GUERNSEY.

BY O. P. BAER, M.D.

IN the October number of the *Hahnemannian Monthly*, Dr. H. N. Guernsey made rather heavy strictures on my paper on Uterine Hemorrhage, which appeared in the July number of the same magazine. I am of the opinion that this course would not have been taken by Dr. G., had he read my paper carefully and understandingly. I am sure that he has in view the same object I have, that of doing good by a truthful exposition of personal experience; our differences, therefore, are those of judgment, and not for the sake of dominion. But to the point. Dr. Guernsey says, my treatment is empiricism. Why? Simply because he misunderstands my remarks on *Secale*. I say most emphatically, that the true sphere of action of *Secale* as regards time is, between the periods of quickening and delivery, and then *only* when *expulsive* efforts are present; these efforts being in all cases parturient pains with the regular expulsive throes. If these symptoms are not present, and the woman be not pregnant, then is *Secale* of no use. Is not this conceded on all sides? In miscarriage, where hemorrhage is frequently very alarming, and the expulsive efforts very great, I must say, in all candor,

that I have never obtained the slightest good effect from its employment, even when it *seemed to be* strongly indicated ; yet had a similar condition presented during the latter period of pregnancy, good results would undoubtedly have followed its administration.

Dr. Guernsey gives groups of symptoms under several remedies, and then asks the pertinent question, Would *Secale* do here? Surely not. This, I am sorry to say, is all gratuitous on his part, as any one may see by comparing the two papers. My entire article referred to hemorrhage occurring during or immediately after delivery ; but Dr. G. takes uterine hemorrhage in general, hence his misapprehension of my remarks.

Since then, my critic has allowed himself such license, I shall take the liberty of extending my remarks, with the hope of benefiting those whose experience may not have been so great as mine. I think *Belladonna* one of our best remedies in hemorrhages from the uterus. Its sphere of action is greater than any other known remedy. I have watched its action so constantly, for now nearly twenty-five years, have noted the symptoms relieved by it so often (many of which have never been recorded), that I have no hesitancy in terming it the *king* of remedies for uterine hemorrhage. *Ipecac* does well in its limited sphere, of which nausea and vomiting are the chief characteristics. And mind you, this nausea must proceed from the stomach alone, and the discharge of blood be increased with every effort to vomit. This nausea does not affect the system particularly, otherwise than by inducing increased debility. *Belladonna* also relieves nausea, and particularly when there is a wave-like feeling, or undulating sensation, or pulsating tremor all over the whole person, from head to foot ; a sick pulsation even in the fingers and toes. This symptom I have often met with, particularly in severe hemorrhages of miscarriages, and *Belladonna* in such cases always gives prompt relief. *Ipecac* would fail. I have known it fail in just such cases.

Ipecac nausea gives a weight in the stomach and no further, while Belladonna gives nausea with rumbling in the whole abdomen, with great weight from above downward. Gentle pressure upon the uterus may cause nausea, and should it do so no other remedy is so promptly effectual as Belladonna. Where the moving of the hands or feet cause the same feeling of nausea, with wave-like swimming (vertigo) of the head, Bell. is again the only reliable remedy. When but a lad, I, together with a comrade of mine, ate a few ripe berries of the Deadly Nightshade, and during the whole attack which resulted, the prevailing symptoms were, vertigo, nausea, and constant undulations, which seemed to pervade the whole person; these latter symptoms lasted more than a month, and the least exertion would bring them on, and with them, the nausea. In Belladonna nausea there is rarely retching, or heaving, while in Ipecac there is upward heaving, raising the abdomen, bowing the back, and straining to vomit. The action of Belladonna is deeper-seated, more quiet, and more insidious. Chamomilla also has nausea as one of its symptoms, but a true Chamomilla nausea in hemorrhage is one accompanying fainting. A Chamomilla nausea is rather light, though always attended by a feeling of fainting. Belladonna has a feeling somewhat similar, such as a sinking feeling, just as if the bed was going downward by undulations. Podophyllum resembles Belladonna in one particular, which is, an all-over sickness, and with the general nausea she feels perfectly indifferent and desires to be let alone. I have seen cases where Podophyllum did good work, where the patient would say, "Oh, I am so deathly sick!" "Where are you sick?" the response would be, "All over." A few doses of Pod. 30th, or 2", would check the whole trouble. But Belladonna comes in so often as king, that I seldom need to resort to other means. Give Bell. early, and many of the worst symptoms fail to come. I will recite a case or two by way of illustration: About one year ago, I was called in



consultation, to see a *dying* woman, as said the messenger I entered the room, found the woman miscarrying at the third month. She was swooning, her mouth was wide open, with froth in the mouth, eyes rolled back, chest in a gentle effort to heave, nausea slight, but intermittent, flow profuse and constant, large clots passing at intervals. I asked the doctor what he had given. "Ipecac and Cham.," he replied. I proposed that we should give Belladonna, and we did so. In a very short time indeed, her symptoms were all much improved. Had the nausea been disregarded in the first place, or looked into more closely, it is doubtful whether the case would have reached so critical a point.

Another case, in a young girl, nearly four months pregnant. She had used a probe several times, and finally succeeded in effecting miscarriage, but the hemorrhage became so very alarming that an allopathist was sent for, who gave his "dead shots" and "live shots," and everything else in his catalogue, without effect. Death seemed inevitable. I was sent for, and found the patient lying on the trundle-bed, arms and limbs stretched out, almost at right angles with the body, moaning a deep, heavy, guttural moan with every breath; belching wind, occasionally; pale, haggard, listless; answered no questions; pulse nearly gone, presenting but a flicker; sighing deeply every few inhalations of air; blood flowing rapidly. Said she ached and thumped all over, was very sick; drank water and threw it up again; laid flat upon her back, occasionally slapping her hands and feet upon the bed, as if in great agony. I gave Belladonna, feeling many doubts as to the result, but she soon drew her limbs together, placed her hands across her chest, and in less than hour was out of all danger.

Another case, but of a different character: A woman (German); eleventh confinement; aged 41 years; bilious sanguine temperament. During her third confinement she had severe flooding, brought on, her physicians in

Cincinnati said, by hard work, taking care of dairy cattle, which induced varicose veins. These veins increased during every pregnancy, and so also did her flooding, until she had passed through seven similar confinements, getting worse each time. But during her tenth confinement, which was the seventh of her hemorrhagic ones, the doctors (some of the best allopaths of Cincinnati) said she must never pass through pregnancy again, as it would surely kill her.

The family left Cincinnati and moved here, as soon as they found she was again pregnant. I was called to see her, some six or seven weeks previous to her confinement, and found all right as far as external evidences presented themselves. Her limbs were a perfect spectacle; such varicose veins I never saw before, averaging fully two inches in diameter, as full as could be, and as black as any I ever saw. She had been, for years, wearing the laced stocking, and kept upon her feet. I enjoined the recumbent position, and to dispense with the compress altogether, so as to give freedom to the circulation. I also gave Belladonna 30th, one dose each night, to prevent her night-pains. I heard nothing further until called to deliver her, when she gave birth to a fine pair of twins,  $7\frac{1}{2}$  and  $8\frac{1}{4}$  pounds, double placenta, and much water. I at once made gentle upward pressure upon the womb, and gave Bell. 30th, one dose, and waited one hour. I also put on a good broad bandage. Flooding, which was so much dreaded by herself and relatives, did not come. She had a fine time getting up. In eighteen months from that time she gave birth to a fine big boy, weighing  $10\frac{1}{2}$  pounds, and some eight months ago was confined again, and has had no flooding either time. The same treatment was pursued each time.

I will relate one other case, and then submit the subject to better hands. I was called to see a lady who was just delivered of her fifth child. The doctor (an allopath) had just left, and said, "If she floods, don't send for me; send

for Baer." Flooding soon came on most frightfully. I was summoned, and on reaching the house was told that she had always flowed dreadfully at such times, and that her old doctor was afraid to treat her in any more attacks, fearing she would die. The attack was sudden, came all of a gush, and prostrated the woman at once. Being of a very delicate frame, lax fibre, and naturally disposed to profuse catamenia, I at once saw I had a dangerous case. Already much exhausted and blanched, no pulse, heart all of a quiver, and indeed laboring hard to do its work. I at once gave Bell. 2° every half hour, and made gentle upward pressure and grasping of the uterus, and my patient soon rallied and did well. I have been with her in confinement once since, without flooding.

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### ALTERNATION OF REMEDIES.

MY DEAR COLLEAGUE: In the September number of the *Hahnemannian Monthly*, in your notice of Dr. Ludlam's Lectures on the "Diseases of Women and Children," you say, in reference to his medical treatment, "In many (too many) of the cases given, two remedies were prescribed in alternation. The alternation of remedies by homœopathic physicians is a weakness which too many seem unable to overcome. It means an inability to choose for a given case, *the* homœopathic remedy. As an expedient (and we presume Dr. Ludlam will not defend alternation on any other ground, Grauvogl," and you might with equal propriety have added Hahnemann, "to the contrary notwithstanding) it is permissible in private practice, when the sole object of the physician should be to benefit his patient as best he can; but we submit, the practice, when promulgated *ex cathedra*, is calculated to do injury to advancing homœopathy, by seeming to make unnecessary the careful study and individualization of each and every case."



Now I do not propose to defend Dr. Ludlam's medical treatment as indicated in his lectures, nor question, at this time, the ethics of your admission, that a physician may be permitted to do in private practice, for the benefit of his patients, what he should not publicly acknowledge, or teach others to do, but simply to show, by Hahnemann's own teachings, that he, the great master, was addicted to the same "weakness" charged upon "too many" of his professed followers.

Everywhere in his work on "Chronic Diseases," Hahnemann teaches that all chronic maladies have their origin either in *psora*, *syphilis*, or *sycosis*; that these diseases may all exist in an individual human organism at one and the same time, and that they are not convertible, that is, *syphilis* never becomes *psora*, nor *psora syphilis*; and that *sycosis* maintains its distinctive character, though associated in the same organism with one or both of the others; and that the treatment of one becomes difficult and tedious only when complicated with one or both of the others.

At page 121, Hempel's translation, Hahnemann says: "It is impossible to cure *syphilitic diseases complicated with psora*, by one and the same remedy;" and at page 123: "*psora* complicated with *syphilis* cannot be cured unless the *syphilis* is cured at the same time;" and in speaking of the treatment of *sycosis*, on page 113, he says: "It may become complicated with *psora* and *syphilis*, forming a trinitary compound of diseases, in which case the order of treatment is as follows: first, we annihilate the *psoric miasm* by the indicated *antipsorics*, then we use the remedies indicated for *sycosis*, and lastly the best mercurial preparation against the *syphilis*. These different orders of remedies," he continues, "are *alternately employed* if necessary, until the cure is accomplished." And at page 29, he says, "*Sycosis* may be cured by a few doses of *Thuja* employed in *alternation* with *Nitric acid*."

Pages 161 and 162, speaking of the repetition of the dose, Hahnemann says, "The eruption of the itch is one

of those diseases which admit, more readily than other diseases, of an immediate repetition of the remedy (Sulphur), but only when the eruption is quite recent, for in this case it has somewhat the nature of an acute disease, and exhausts the power of a remedy in a shorter space of time. . . . Such a modification in the symptoms may occur as will make it *necessary to alternate Sulphur with Hepar sulphuris;*" and "sometimes," he adds, "even a dose of *Nux vom.*  $\bar{X}$ , or *Mercury*  $\bar{X}$ , may have to be given as an intermediate remedy." Still further, on same page, he says, "Several antipsorics are generally required for the cure of a chronic disease," and in enforcing his experience with reference to the repetition of the dose, says, "If the physician *alternates* his remedies in rapid succession, it is a sure sign he has not chosen his remedies with strict reference to their homœopathic action, or has but carelessly studied the existing series of symptoms." Here the stress is laid chiefly upon the too frequent repetition of the doses, while the *alternation* of the remedies seems to be admitted as an established fact.

Pages 167 and 168, Hahnemann says, "During the treatment of chronic diseases we are often required to use *non-antipsoric* remedies." This is especially the case when the patient is attacked with one of those intermediate diseases which owe their origin either to malaria or meteoric influences, such as continuous acute fevers, slow remittent, or intermittent fever, or one of the permanent miasms,—small-pox, measles, dysentery, hooping-cough, &c. By these diseases the antipsoric treatment is not only disturbed, but positively *interrupted*. If our patient should be attacked with such an epidemic or sporadic disease, the antipsoric treatment ought to be entirely suspended as long as the disease lasts, which may be several weeks. That Hahnemann did not intend to teach that the suspension of the treatment of chronic diseases during the presence of acute attacks, should be strictly followed in all cases, is evident, for a little further on, in speaking of

endemic intermittent fevers of marshy regions, for which he declares *cinchona* to be homœopathic, he says, "They (endemic intermittents) can only be cured by *cinchona* in conjunction with the antipsorics."

In enumerating the remedies which he found it necessary to use at different times in his treatment of intermittent fever, in consequence of its varying character, Hahnemann says, "*Nux* in alternation with *ipecac.*; *cina* either alone or in alternation with *capsicum*, or *capsicum* only; or *arnica*, or *arnica* in alternation with *ipecac.* &c., have been used in different years, and effected a cure in a few days." And on page 175, foot-note, speaking of the treatment of painful menstruation in the case of irritable nervous patients, and the indispensableness of antipsorics, he says, "Without the intermediate use of *nux vom.*, antipsorics would do no good."

We find on page 98 of his *Mat. Med. Pura*, Hempel's translation, in his introductory remarks to the proving of *belladonna*, when speaking of *purple rash*, Hahnemann says, "*Belladonna* can do no good, and patients who are treated with *belladonna* in this disease, will generally have to die; whereas all might be saved by the alternate use of *aconite* and *coffea cruda*. They should be alternately given every twelve, sixteen, or twenty-four hours, in proportion as one or the other medicine is indicated."

In the fifth and last published edition of the *Organon*, page 112, foot-note to § 40, speaking of the complication of *psora* with *syphilis*, after denying the possibility of the two diseases so uniting as to become essentially one disease, and thus by implication, the possibility of being cured by a single remedy, Hahnemann says, "In short, the cure is effected in a very complete manner by administering alternately and at the proper time, *mercurials* and *antipsorics*." On page 193, same edition, speaking of intermittent and alternating diseases, he says, "A greater part of them result from the development of *psora*; sometimes (but rarely) complicated with a *syphilitic* miasm.



This is the reason," he continues, "that they are cured in the first instance by *antipsoric* medicines; and in the second by *antipsorics alternated* with *antisymphilitics*, as I have stated in my treatise on chronic diseases."

What I gather from Hahnemann is this: *alternation* is sometimes indispensable—the real groundwork being the active presence in the organism of two or more radically distinct diseases, viz., *psora* and *syphilis*; or *psora* and *sycosis*; or, as in some instances according to Hahnemann, all three combined; or a chronic and an acute disease, which so act and react each upon the other, as to render it sometimes necessary, in order to conduct both to a favorable issue, that remedies homœopathic to each condition should be given in *alternation*, at longer or shorter intervals, according to the urgency of the case.

I am no advocate of the indiscriminate *alternation* of remedies so generally practiced by the profession at the present time. I believe it seriously retards the progress, if it does not entirely block the way to a clear understanding of the true relation of remedies to disease, in accordance with the homœopathic law. But I accept Hahnemann's theory of chronic diseases, so far at least, as *psora* and *syphilis* are concerned; and accepting this, I must accept also all legitimate deductions, to the extent of submitting them to a practical test at the bedside. Now with the truth of the homœopathic formula, and the theory of chronic diseases admitted, no deduction seems to me more rational than this, viz., that the presence in the same organism of two or more diseases radically distinct, and mutually acting and reacting upon each other, may, and often does furnish occasion for the *alternate* employment of those remedies which are homœopathic to each.

Fraternally yours,

WM. E. PAYNE, M.D.

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NOTE.—We are not willing to rest under the imputation of advocating the Machiavellian doctrine that it is proper to preach one thing while practicing another. Hahnemann sets forth the doctrine of the "single

CLIMATE OF THE PACIFIC AND ATLANTIC  
COASTS COMPARED.

BY BUSHROD W. JAMES, M.D.

(Read before the Philadelphia Homœopathic Medical Society.)

IN passing from the sultry debilitating climate of our neighborhood, in the warm season, to the distant West, one is struck with the purity of the atmosphere as he advances far to the westward.

remedy" very plainly, and the recommendation to alternate, occasionally to be found in his writings, as shown by our friend and colleague Dr. Payne, are so many confessions of his inability to select a single remedy in every case. There are physicians, since Hahnemann's time, who, it is believed, do not find it necessary to alternate in any case. But the kind of alternation had reference to in the notice of Professor Ludlam's work on Diseases of Women is, where the symptoms of the patient having been ascertained, the practitioner finds one medicine indicated by one part of the morbid exemplification, and another indicated by another part, and so gives both in alternation. There may be, and doubtless there is, a third medicine which would cover all the indications, but it does not occur to the prescriber's mind; or, perhaps, one of the two suggested to his mind is the *similimum*, but he is not sufficiently acquainted with the action of remedies to be aware of it. Now college professors are mortal men, and hence liable to err, and it may be that, in view of an insufficient knowledge of drug action (the weak point with all of us), under such circumstances as the above occurring in private practice, the alternation of the two remedies is justifiable, to make "a sure thing of it," for is it not the first duty of the physician to do the best he can for his patient? If, however, a practitioner yields to this *disposition to alternate*, instead of fighting against it, he will soon find himself giving two (or more) medicines in almost every case; and his patients will produce "two glasses and two spoons" as regularly as he brings forth his pocket case. But while alternation of remedies is admissible as an expediency in private practice, even on the part of a college professor, it cannot be otherwise than hurtful to *teach* the practice either by precept or example. Medical students take very lasting impressions from their teachers, as we all know, and these frequently serve as guides throughout professional life. If, then, a teacher who has the confidence of his class, frequently gives remedies in alternation when prescribing in the presence of his class, they will, of course, come to regard the alternation of remedies as quite the thing; will, without doubt, in many instances, alternate more freely than their teacher, and thus "injury will be done to advancing homœopathy, by seeming to make unnecessary the careful study and individualization of each and every case."—EDITOR H. M.

The air of Colorado in the valley or plain that extends from Cheyenne on the Union Pacific Railroad, and even north of this point down to Denver, and south of that place, is extremely bracing, and the atmosphere peculiarly pure and free from the prostrating effects and miasmatic influences that abound in the level regions further east. Likewise from the evenness of the temperature for a great part of the year, it is especially adapted to aid nature in her attempt to throw off from an invalid constitution such diseases as asthma, bronchitis, incipient phthisis pulmonalis, and marasmus. These affections are almost invariably cured by the climate, if the patient goes there in the earlier stage of the disease and avoids excesses; and hearty robust men are to be met with there frequently, who went from an unhealthy locality in the East, with one of these diseases fully confirmed upon their systems, but of course before the vital powers were fatally overtaxed with the malady; and after a residence of only two or three years have found themselves well.

But a mistake is made by physicians who recommend *all* consumptives to go there; for if the case is in the last stage of the disease, the rare atmosphere instead of proving a benefit to them rather causes dyspnœa and a feeling of distress than otherwise. I witnessed examples of that kind while in Denver, and one in particular that came in the same car with me from there, and whose case I had the opportunity of watching for nearly two days. It was a middle-aged lady, who in company with her husband, a brother, and her two hearty-looking little daughters, were returning to their home in Illinois, from whence she had come by the advice of their family medical attendant, who told them it was the only hope of saving her life, to take her to Colorado, where breathing the atmosphere alone cured consumption. After an exhausting trip she reached Denver, the goal of her earthly hopes, and so serious an effect had the irksome journey upon her enfeebled powers, and so irritating was the rare atmosphere to the pulmonary



ulceration, and so great the oppression resulting from a residence in this kind of air, that a physician had to be summoned. After remaining in Denver a few weeks, and finding herself growing continually worse, she asked her physician his full, free, and candid opinion of her case. She was informed that her case was a hopeless one, and that the Colorado air would in the present advanced stage of her disease not cure nor even prolong her life, or even relieve her suffering. Consequently she resolved to return home, notwithstanding death stared her in the face in making the effort.

She left Denver in the morning; near evening I was summoned to render medical aid to her in an adjoining berth in the sleeping-car, as she was thought to be dying. She was speechless, pallid, cold, almost pulseless. She had blueness of the lips, with extreme oppression, and gasping respiration, and sunken eyes. I gave her China and considerable stimulus; she rallied somewhat, but the oppression did not abate until we reached a lower level, and away from the very rare, over-exciting atmosphere of Central Colorado; and by the time we reached the more moist atmosphere of the Lower Platte River Valley she was quite comfortable, and remained so until she reached home the next afternoon by continuous travel.

Cheyenne, the point where the Denver Railroad joins the Union Pacific, is 6041 feet above the level of the sea, showing a very high, rare atmosphere, and it was in this kind of air, at an altitude ranging from 5000 to 6000 feet, that this woman came so near dying; but the next morning, when we had reached a level of only from 1400 to 1800 feet, she was greatly relieved of her distress and great oppression, and we were at this time running along the Platte River; but when we reached Omaha, an elevation of only 966 feet, she appeared much stronger, had much less dyspnoea, and was quite comfortable.

Before going to the Pacific coast climate or that of California, there are many intermediate climates that I

would like to mention, but it would make a voluminous paper to speak of them, but I will merely refer to that of the Laramie Plains, located at an average elevation of 6500 feet above the sea, about sixty miles long and twenty wide, and covered with a stunted form of most nutritious grass, on which the buffalo formerly fed, and on which domestic cattle could feed both summer and winter; the hot summer sun curing the grass, so that its juices are preserved equal, nay superior, to the hay made in our section of the country, and all without the labor we bestow in cutting it.

Colorado contains among its mountains numerous "parks," hemmed in by tall mountain ridges, which shelter them from the severe cold winds, and from their being well watered by streams that run down from the snow-capped mountain-sides, luxurious vegetation abounds, and the atmosphere is of the most invigorating and salubrious nature. The Laramie Plains may be called a grand park, of lower altitude, however, than those of the Colorado mountain region. These "parks" are nothing more than level strips of land, inclosed by peaks and hills. Over the hillsides where streams are found, there is an abundant growth of pine, but most of the Plains are destitute of all forests; except that along the rivers and streams that run through them, some trees are naturally found. I found this tract of country, although somewhat desolate in appearance, nevertheless possessed of the most bracing atmosphere, and it is doubtless a most healthy climate to reside in.

Let me pass on through the beautiful Echo and Weber Canyons, through the Great Salt Lake Valley, and many others of equal salubrity, over the northern end of the American Desert, with its dry soil, fine alkali-dust, and twenty-four hours of nausea and ill health, across the Sierra Nevada mountains, with their cool energizing breezes, to the calm warm valleys of the Golden State of California.

Near the little station of Boca, about two hundred and

seventy miles from San Francisco, we find ourselves in this wonderful State, at an elevation of 5560 feet above the sea-level, and in about three hours we attain the summit of the great Sierras, more than 7000 feet above the waters of the Pacific, with vast forests of pine, and tall, huge trees of ancient growth, with charming valleys at our feet, glistening streams and lakes in the distance, peak after peak towering toward the clear blue sky, pearly snow-mantles covering the dark and gloomy sides of the encircling ridges; gorges carpeted with the richest green; leaping streams from snow-fed rivulets; springs of crystal clearness and purity; flowers of the loveliest hues; mosses of long and luxurious growth; birds of the strangest plumage; cooling zephyrs filled with vigor and refreshing power; a clime glorious to the view and endowed with a powerful health-recruiting force, driving away the prostration and languor and sickening exhaustion of the desert travel, and replacing tone, elasticity, invigoration, and physical and mental force to the human framework; the hidden vaults of vast and innumerable treasures, and the home of the sturdy mountaineer; the realm of blooming healthfulness; the citadel of the El Dorado, or "golden region" of the world, and the portal of the American paradise.

In Summit Valley, up here among these mountains, many persons now resort for a summer retreat from the hot valley towns. One peculiarity of this climate is, that meats may be packed any season of the year with safety, and without fear of decomposition occurring before they are cured.

Sparkling soda springs of large size, and springs of very hot water, and springs of icy cold water, in close proximity, abound in this high mountain valley.

If any one wishes to prove the purgative properties of pure snow or mountain spring-water, we would advise him to partake of some of that found in California, or if he wishes to refresh his memory on the point of early recollections of infancy in regard to genuine old-fashioned



colic, with its agonizing tortures, half a cup of this beverage will do him ample justice in either direction. I was cautioned. I laughed at the caution. I had drank water from various parts of our country, and numerous localities in Europe, without feeling any effect at all, so why should I take any more heed in the mountains of California than elsewhere?

One morning, riding in the coach, I quaffed a cupful of limpid water, delicious to the thirsty palate. In a short time I wished I had taken the advice instead of the water. I had an awful "proving" of that remedy all the rest of the day. Next day I was well, and thought it could not have been the water, that it was a mere accidental circumstance. I was now on horseback, and being thirsty, I tried two mouthfuls from a bubbling spring of clear, crystal, ice-cold water near the top of the mountains on which the Mariposa grove of Sequora or "Big Trees" were located. It gave me a second edition of the proving "fully revised and with copious additions." I have not been skeptical on that point since. I am satisfied with its virtues as well as its vices, or rather viciousness.

The next hundred miles down through Emigrant Gap, Blue Canyon, Dutch Flat, Gold Run, and other places of Western note, brings us to the low valley of the muddy Sacramento River, only fifty-six feet above the sea. This is a very rich agricultural valley, and as far as the eye can reach, I beheld in this and other valleys vast extending plains of nothing but wheat-fields ready for the garner.

But the region contiguous to the Sacramento River cannot be otherwise than unhealthy, on account of the low lands that border it, as they do the San Joaquin and other streams. These rivers are skirted with large tracts of "tule lands," from which we cannot but believe that various vegetable miasms are produced. The lands are annually in the wet season covered with water, and likewise in the warmer season with tules or rushes, which in many places form an impenetrable jungle, with rushes six,

eight, and even ten feet high, while all through the overflowed parts sloughs abound. Now when the high water recedes and the hot summer sun pours down its scorching rays upon these ponds of water, to think no miasmatic influence is generated is quite absurd. The extent of country covered in this manner, and extending at times for many miles in area, cannot help but increase, from the very fact, that in placer-mining up along these rivers, vast quantities of mud are washed down, and this mud settles in the bed of the stream and compels the stream to continually widen out its borders, oftentimes to the destruction of rich and valuable agricultural lands and districts.

The Grass Valley district, and the Napa Valley, and many others in California, independent of their most productive soil, are the possessors of the most salubrious and charming climate. With their vegetation green and beautiful in midwinter, and dull, dry, leafless, and parched up in summer, one cannot but note the great difference between the Atlantic and the Pacific coast atmospheric influences.

In the East we have rains all the year, but it is not so in California, unless in exceptional mountain sections. They have a wet season lasting from November to the next April, then less rain falls, until in June, July, August, September, none is expected, and the land becomes dry and parched, and baked, or dusty by the latter part of June, and remains so until the fall rains begin to appear.

We have sudden fluctuations of temperature, varying as much as 40° in twenty-four hours, but in the California coast valleys the temperature is comparatively even. In the summer season a north wind and a western breeze modifies the intense heat, while in winter they have a perpetual spring from an almost continued southern current of air. The sultry summer nights that we have, and that are so prostrating to children with cholera infantum and marasmus, are not known along the California coast. A cool strong breeze sets in in the early part of

the afternoon, which becomes chilly by evening, and we found that an overcoat and a warming fire were grateful companions in summer in San Francisco. However, the air is too damp for consumptives to go there for residence, but in some of the inland valleys no better place can be found for bronchial, pulmonary, and many chronic affections of a wasting and debilitating character.

Living as we do on the 40th parallel of latitude, we could hardly realize that only  $2\frac{1}{2}$  degrees further south on the Pacific coast, such a marked difference existed in freedom from the intense cold and sudden changes that occur with us, and which are the cause of so many pulmonary troubles and so much consumption. St. Augustine, Jacksonville, and Pensacola, Florida, are about ten degrees below us, and there we would expect to find a warmer and more even temperature, and as such, more suitable for the residence of consumptive, bronchial, and marasmic cases, &c. Inland valleys in the lower latitudes, no doubt, exist among the mountain ranges and rolling sections of country that have a healthy climate, and are equally free from these sudden atmospheric changes. St. Augustine, being quite on the coast, is visited more or less with northeast storms filled with the heavy salt damp atmosphere, and Jacksonville also to some extent, but Pensacola is not so liable to them.

Spontaneous pulmonary consumption, independent of idiosyncrasy or hereditary tendency, is not a common thing along the California sea-coast.

We must not forget, however, that each section of country has its peculiar predisposing influences on the human race. The further north we go, the more tendency there is to rheumatic and thoracic diseases, and catarrhal affections, and the paler is the skin and the more its functions are impaired; while the further south we go, the more predisposition there is to abdominal maladies, low fevers, and gastric and cerebral derangements, and the skin is more yellow and more tawny; it is,



also, more flexible and soft. Nevertheless, the internal organs are more liable to sudden and dangerous congestions.

Now, knowing these facts, we can readily see that one class of remedies will be called for more frequently in one climate than another, because different diseases prevail, and, of course, these different diseases produce different symptoms, and not only so, but the same diseases occurring in different climates have symptoms varying somewhat from one another.\*

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## KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 171.)

### *Causticum.*

TWELVE years ago, when a certain author ignored this remedy, and excluded it from his materia medica, I felt quite indignant at the slight paid to one of my most trusted aids, and remarked that I could not get along in practice without *Causticum*. This opinion is still entertained, and I am, moreover, of the opinion that its place cannot be filled by any other medicament. It is one of the first to suggest itself as a remedy for persons of scrofulous and weakly constitutions, and for very many of the affections peculiar to women. And who has not witnessed the very remarkable effects produced on organisms debilitated in consequence of the wearing effects of *grief*? As a short though grand introduction to *Causticum*, then, let us remember it in connection with *scrofulous, weakly, and debilitated constitutions*.

*Sadness, melancholy, and whining*, as well as *anxiety and fear*, are strong indications for the use of *Causticum*. Weak memory and absence of mind, with or without

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\* Extract from a more extended paper.

vertigo. *Vertigo* on looking at a fixed point, or on looking at an elevated point; almost constant vertigo, as if there were a compression of the brain; sensation as of shaking of the brain when walking. *Headache*, with vertigo and sensation as of falling, to the left when looking up or backwards when stooping. Nightly headache, of a tearing or grinding nature, with noises in the head. "Tightness and stitches from the lower part of the forehead to the vertex." A constant succession of jerks and shocks in the head during rest or motion. Much throbbing pain in the head, mingled with stitches. Sensation in the integument of the head as though it were too tight.

*Ophthalmia*, resulting from repelled cutaneous affections; ophthalmia, with specks on the cornea. Colored wheels or a green halo are observed around the light when looking at it. Ophthalmia, with acrid lachrymation. Painful stitches darting into the head from around the eyes. *Cataract*, in its incipency. *The eyelids feel weak or tired; one can hardly keep them open.* Warts on the eyebrows, or on the lids. "Momentary obscuration of sight when blowing the nose," or at other times; dim-sightedness, as from a veil or mist before the eyes; the dimness is increased by rubbing, and cannot be rubbed away (as in Puls. and some other remedies). When looking intently at objects, as in reading, the objects appear to waver and become confused to the sight, when the eyes become painful. "Movements before the eyes as of a swarm of insects." *Dimness of vision, with appearance as of a cataract*, and periodical attacks of excruciating neuralgia, each seeming to increase the dimness of vision. Causticum 6<sup>m</sup> has cured several such cases for me, the neuralgia first, and then the dimness of vision. Much smarting or burning in the eyes. "Flitting to and fro before the eyes, as of wavelets of light."

*Otitis*, with purulent *otorrhœa*, often accompanied with tetter on the ears, with fetid smell, and *cracking* in the

ears. Continual chirping, as of crickets, in the ears. *Dyssecoia*, with humming in the head, and *stammering* speech, as from stiffness of the tongue. "Pain in the ears, as if the inner parts would protrude, or as if the ears would burst." "Swelling of the meatus," with pain and discharge of bloody fluid. Sounds reverberate in the ears, which causes hardness of hearing. Humming, roaring, and other noises in the ears, which cause hardness of hearing. Tearing, stitches, and lacerations in the ears.

Scabs and scales on the *nose*, and tip of the nose, itching, burning, and stinging; sometimes involving the nostrils and part of the face in the same condition; sometimes the eyes become very sore, as a concomitant. Sometimes there is total obstruction of the nose, with difficulty of breathing even through the mouth. Sometimes a painful night-cough and hoarseness attend these troubles of the nose and nostrils.

One of the first remedies to be thought of for *paralysis of the entire one-half of the face*. Face of a *yellowish, sickly appearance*, with pale bluish lips. Warts on the nose and on the eyebrows. Much itching in the face; relieved by scratching. The *articulations of the jaws* are *sore, stiff, and painful*, so that it is *almost impossible to open the mouth*. Much pain in the lower jaw and in the face; often worse at night.

"Scorbutic affections of the *gums*." Acute toothache from a cold, running into fistula dentalis. Toothache when there is a sensation of elongation; both warm and cold substances cause aggravation, and one cannot lie on the affected side. From a cold the teeth ache, the pain running into the face, the eye, the ear, or all over one side, and sometimes into the other; the pain is fugitive, worse at night, from cold or from heat, with inability to lie on the affected side; often the gums bleed very easily. Toothache every time one gets cold. Pain in the teeth, as if they would fall out. "Painful looseness of the incisors." The *gums* are swollen and exceedingly sensitive.



Delicate, teething children suffer very much every time they take cold.

Stuttering, difficult speech, on account of stiffness of the tongue. "Sore place in the upper part of the palate."

"*Frequent hawking of mucus, which is immediately formed again,*" often with soreness and burning. Soreness in the superior arch of the throat behind the uvula. Soreness of the throat, with a sensation, when swallowing, as if swallowing over a plug. Difficult deglutition, as if there was paralysis of the throat. Quantities of mucus in the throat.

*Repugnance to sweet things.* Constant sense of repletion, and, as a consequence, has no appetite. The appetite is good, but it disappears so soon as one attempts to gratify it. Only smoked meat can be eaten; all other kinds being repugnant to one's taste.

Prolonged after-taste of food. *One always feels oppressed and badly after breakfast.* The abdomen becomes much distended after a meal. *Eructations* taste of the food a long time after eating. "Eructations smelling of musk." Sensation in the stomach as if one had eaten something that disagreed; felt also in the abdomen. Constant though unsuccessful desire to eructate, all of which seems to cause much distress. *Constant sensation as if lime were being burnt, or slacked, in the stomach.* A year since a case of very painful *stye* came under my care, and they were constantly occurring, with the last-mentioned italicized symptom as a concomitant. One dose of Caust. 6<sup>m</sup> cured the entire case, and no styes have appeared since. Frequent gulping up of water. This is a very common indication for Caust. "*Sour vomiting, frequently followed by sour eructations.*"

*Sensation of emptiness in the stomach, although one has eaten enough.* Pain in the stomach every morning after rising, with heat in the head, so that one is obliged to lie down again, when it abates; after which, no recurrence

till next morning. A variety of pains occur in the scrobiculus cordis, mostly in the morning.

"Pressure in the abdomen extending up to the œsophagus." "*Pressure in the epigastrium as from a load.*" Dull aching in the *hypogastrium*, with fever, anguish, and uneasiness. Uneasiness in the abdomen made worse by pressure of the clothing. Colic relieved every time one can discharge large quantities of flatus. "*Pot-belliedness of children, with glandular swellings.*" Bruised sensation in right groin, and sometimes stitches from above downwards.

Chronic *constipation*, with a sensation as if the anus were painfully contracted, hindering the escape of the stool. The effort at stool is frequently unsuccessful, with red face and fear that something bad will happen. "Tough stool, shining like grease;" it is often light-colored or white. Sensation as of a lump in the lower rectum, which causes great anxiety to discharge. After Caust., the uneasiness subsides, the patient becomes comfortable, and, after a few hours or days, a natural stool is accomplished, and health is restored. *Fissures or other troubles in the anus or rectum, rendering walking intolerably painful.* In a short time after a single dose of Caust. 6<sup>m</sup>, walking becomes tolerable, and a rapid recovery ensues, without repetition of the dose.

"*Involuntary emission of urine when coughing, sneezing, blowing the nose, or walking.*" *Paralysis of the bladder after parturition*, there being no desire to urinate (also Arsenicum). The urine deposits a sediment like yeast. The urine is passed unconsciously, so smoothly does it seem to pass away. Burning in the urethra during and after urinating. "*Nightly wetting of the bed of children.*"

The secretion behind the glans is excessive. Much itching and moisture about the scrotum. The *testicles* are quite painful. *Nocturnal emissions and continuous erections at night and in the forenoon.* *Vertigo the whole day*

after having a nocturnal emission. *Much itching about the genitals.*

The *menses* cease at night, and flow *only* during the day. After the natural menstrual flow has ceased, it makes its appearance from time to time for several days. Suffers much during menses; yellow face, colic, with diarrhœa, pain in back, vertigo, pain under left mamma, tired, and low-spirited. Uterine spasms and other uterine affections, with a constant and unsuccessful desire to eructate. Great aversion of females to sexual intercourse. One of the best of remedies for want of secretion of milk when indicated. *Leucorrhœa occurring principally at night.*

*Loss of voice* every morning, regaining it later in the day. A good deal of roughness and hoarseness in the morning, with burning and soreness; all of which disappears after a few hours, to appear again next morning. *Catarrh* with rawness and dryness in the throat, with inability to breathe through the nose when lying down. "Short and hacking cough caused by constant tickling in the throat." On getting warm after being out in the cold, the cough becomes troublesome. Loose cough with much expectoration all the latter part of the night. Severe pain above left hip when coughing. Loud rattling in the chest when coughing, with inability to expectorate; it *often seems* as if the phlegm would come up but is *finally swallowed*.

One *easily* gets out of breath when talking. One gets out of breath very easily when walking. Causticum is remarkable for producing stitches in and about the chest, sternum, heart, &c.

Pains of various kinds in small of the *back*. Much pain between and about the scapulæ, and burning pain in the middle of the right scapulæ. Constant sensation of coldness between the scapulæ as if cold air were blowing there. Continual drawing pain in the right side, so that the neck, chest, and trunk are drawn to that side.



The *arms* go to sleep at night and tingle during the day. The right *shoulder* is painful on moving the right arm.

Drawing, aching, tearing, or stitching pain from the *hip-joints* downwards when sitting or walking. Stitches from the left hip upwards towards the abdomen. Pain in the left hip hindering walking. Violent pain in both *legs* from the toes upwards. Much suffering in both lower limbs on waking in the morning; must leave the bed to find relief. Itching eruption on the thighs on their inner surface, or about the scrotum. Much pain about the knee-joints, which sometimes crack painfully on motion, sometimes extending down the legs. Rheumatism of knees, with burning pain, swollen and reddish. Cramp in calf on waking; must get up. Large vesicles form on the calf. On waking in the morning legs and feet feel as if asleep. "*Cramp in the feet.*" Much pain in the feet, sometimes aggravated by walking, sometimes ameliorated. Blisters form on the feet and toes very easily, sometimes from rubbing them apparently—much itching about the feet and toes. Feet easily go to sleep. Boring or burning pain in corns. Other symptoms agreeing, corns *entirely disappear* after taking Caust. 6<sup>m</sup>.

*Drowsiness and sleepiness* which is *almost unconquerable*. Very restless at night; one is unable to lie still a moment there is such an aching all over, with no relief from change of position, yet one must be in motion the more constantly. Awakens at twelve, two, or four o'clock, and is unable to sleep again. The parts upon which one lies become painful, so that frequent change of position becomes necessary. Perspiration whilst sleeping, which increases after waking. *Whilst sleeping, and quite unconsciously, one throws the arms and legs about in all directions.* Lewd dreams with pollutions. *Disagreeable dreams.* Great depression and languor in the morning; can hardly dress, but after awhile feels quite bright and well again.

*Chills and shudderings* in parts of the body only; some-

times in the head only. The sensation of coldness is more perceptible and acute in the open air; ameliorated in a close room. One is either chilly or in a state of perspiration. *Very sensitive to a current of air; can't bear it.*

Much itching and fine stinging in the *skin* without any eruption. Large blisters on the chest, with chilliness, fever and sweat. Injuries of the skin, long since healed, become sore again. Soreness of the skin. Intertrigo attended with convulsions. *Burns affecting the deeper tissues; old ulcerated burns*—of course give internally. Any old *ulcer* originating in a blister, with *burning* and *itching*, is speedily cured with Caust. 6<sup>m</sup>. Also *decubitus* with burning and itching. When measles are repelled and the brain becomes affected, Causticum is frequently required (sometimes Arsenicum).

*Weakness* and *trembling all over*, sometimes coming on suddenly. Children are slow in learning to *walk*, they totter and fall too easily. *Spasms* in the upper part of the body, very violent, without loss of consciousness. *Sticking pain* in almost every part of the body. Arthritic or rheumatic pains attended with burning. Epilepsy with screams, violent movements of the limbs, and gnashing of the teeth. The symptoms of Caust. are usually *aggravated* in the open air, and *ameliorated* in a close room.

(To be continued.)

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## EPIDEMIC SORE THROAT AND PLUMBUM IODATUM.

BY CHARLES H. HAESELER, M.D.

EVERY physician of any extended experience, cannot have failed to observe, that during a distinct epidemic prevalence of scarlatina in a community, there is a tendency to more or less soreness of the throat with many persons who are not otherwise sick, and whose conditions cannot fairly be pronounced as that of scarlatina. It

would seem, then, that when a person's system gets at all out of sorts during such epidemic condition of the atmosphere, though it would, under other circumstances, take some other expression, as cough, catarrh, neuralgia, biliousness, diarrhœa, &c., it now assumes this scarlatinoid character, so to say ; and the patient not having sufficient morbid susceptibility for the disease in its full expression, escapes fortunately with this less serious throat trouble, which, nevertheless, oftentimes runs a course scarcely less in duration of time than scarlet fever itself.

Such an epidemic condition having existed in this community during the past six weeks, I have been fortunate enough to elicit some therapeutical results which a sense of duty impels me to place before the profession. These results consist chiefly in the efficacy which I have found in *Plumbum Iodatum*, for the peculiar sore throat that has prevailed here.

It is, perhaps, well to say, that the scarlet fever which has visited us is not a severe type of that disease, only a few deaths having occurred from it, and they all under allopathic treatment. But while there have been quite a number of cases of the disease, such as it was, there have probably been three times as many cases of sore throat, among which some have proved quite serious. The character of this sore throat is, moreover, somewhat difficult to define according to the present standard nomenclature of diseases. Some physicians have called all the cases that occurred scarlet fever, others have called them all diphtheria. Yet, in reality, I witnessed no severe cases of either, though my opportunity for doing so was fully equal to that of any other physician. Without referring to the treatment of those mild cases of scarlet fever to which allusion has already been made (nothing of special interest having characterized this treatment), I will relate briefly some of the prominent features of a few of the cases of sore throat :

Mr. S——, has three children, Emma, Fannie, and



Maud, aged respectively ten, seven, and one year, who were all taken sick with sore throat, in the successive order of their ages, the oldest first, and the youngest last. Contiguous to their house, with only a wall between, resided another family, who lost two children in one night, from what their physician, an allopath, called scarlet fever and diphtheria combined. This, it may readily be supposed, alarmed Mr. S—— and his wife exceedingly, and, although, their children, at the time of the occurrence of these deaths, were not seriously ill, it was all I could do to prevent them (through meddlesomeness and over-anxiety to do something) from converting the cases into serious ones. The parents had, on their own account, given their children Belladonna regularly for some time previous to their sickness, with the hope of deriving prophylactic results therefrom; but the character of sore throat presented by the patients, was evidently not that which indicates the use of Bell. The cases were all three essentially alike, and were first brought to notice by the children complaining of pain in the throat, with difficulty in swallowing. This was soon followed by a slight febrile condition, some headache, thirst, loss of appetite, great fretfulness, restlessness during sleep, disposition to constipation, and defectiveness in the secretions generally; the stools were rather dry, and disposed to form in little balls or lumps; and the urine scanty, dark, and turbid; while the skin was disposed to be dry, though not abnormally hot, and presented no evidences of any kind of rash or discoloration. An examination of the throat, made directly after the first complaint, discovered a dark, purplish suffusion of the tonsils, and on the inner and lower side of each tonsil, a yellowish, cheesy-looking patch, about the size of a small shirt button. A little glairy, semitranslucent matter, like the white of egg, appeared to exude from and cling to the vicinity of these patches, otherwise there was no appearance of ulceration.

I gave these children, as I had done to similar cases

before, *Plumb. Iodatum* 30, from beginning to end of the complaint, a dose every three hours, without the conjunction of a single other remedy, and the two eldest recovered in six days, whilst the baby lagged a few days behind, the trouble in her case being somewhat complicated by dentition, but then recovered most satisfactorily.

In another family there were two little girl patients, aged respectively five and seven years, both of excellent constitutions, and the children of healthy and vigorous working parents. Found both in bed, the youngest with fully expressed unmistakable scarlatina simplex, and the other with a very bad sore throat, headache, slight fever, general malaise, but no other symptoms to denote scarlatina. The parents, being poor, could not provide separate beds for these sisters, and so they continued together in one bed, with their different maladies, until both recovered, which they did at about the same time. Although the expression of disease was different in the two, I still think that the morbid influence which caused the disease was the same in both. Of the two, the one who had scarlet fever was treated with Bell., Bry., and, in the end, a few doses of Sulph., all of the thirtieth potency. But to the other, whose throat exhibited an appearance similar to that mentioned in the three preceding cases, only in an aggravated condition, I gave *Plumb. Iod.* 30, at intervals of three hours at first, but after the third day I lengthened the intervals to eight hours. Both patients were well enough to need no further treatment after the lapse of eight days from the beginning of the attack.

Mrs. N——, aged 36 years, mother of six children, of rather bilious predisposition, but of sound and healthy constitution, came to my office twice within a week, complaining of headache, with aching all over the body, and a general feeling of malaise, not, however, enough to confine her to bed. At the end of the week she felt so much worse that I was sent for, and found her now in bed, complaining as before, with aggravation of her symptoms,

and directing my attention especially to her throat. Upon examination I found this to present a truly serious condition. The base of the tonsils was gashed with deep and angry-looking ulcers, partially filled up and covered with the peculiar cheesy coagulated exudation, characteristic of the worst form of throat affections. There was livid discoloration, and a puffy œdematous state of the fauces and contiguous mucous membrane, giving an erysipela-tous appearance to the inflammation as far as visible. I directed her to gargle her throat with a weak tepid solution of common salt, and gave her *Plumb. Iodat.* 30, in powders, one of which was to be taken every three hours.

On visiting this patient on the following day, I was agreeably surprised to find—miraculous as it may seem to the reader—that the throat which the day before had been so seriously ulcerated, was now almost entirely restored to a sound and healthy condition. I stopped the medicine and gave her some powders of *Sacch. lact.*, and two days later even this was discontinued, the patient being perfectly recovered.

The above are only a few instances of at least twenty-five essentially similar cases, in which the *Plumb. Iodat.*, singly and alone, effected the cure. It would be useless to enumerate more of them, as it would be simply a repetition of description and results.

I sincerely trust, that the testimony here given may lead others to a trial of this, in my opinion, most excellent remedy.

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## STRICTURE OF THE RECTUM.

BY B. R. BRATT, M.D.

(Read before the Homœopathic Medical Society of Berks and Schuylkill Counties.)

A GENTLEMAN, aged about 50; tall; erect bearing; deliberate movement; fine muscular development; sanguine-nervous temperament; sandy hair; blue eyes; fair com-



plexion; general healthful appearance, and, indeed, has throughout life enjoyed excellent health.

Some time in July last, while attending camp-meeting, he was attacked with diarrhœa. The evacuations were, for two or three days, free, copious, watery, with considerable griping. It passed off, however, with very little general disturbance, but there remained an uneasiness in the rectum, with frequent ineffectual desire for stool, and an occasional darting pain in that region, which kept gradually increasing.

Eight days from the time of the attack I was summoned. Found him suffering very severe tenesmus, occurring in paroxysms, about every fifteen minutes; his efforts resembling those of a woman in the expulsive stage of labor. He would grasp his clothing with his hands, his face flushed, eyes starting and fixed, groaning, straining, and bearing down in agony. The evacuation was a small quantity of mucus, sometimes light and glairy, sometimes stained with fecal matter, sometimes tinged with blood. After the paroxysm was over he experienced very little distress, slight acceleration of the pulse, skin natural, tongue clean and moist, and good appetite.

Dysentery and a type of mucous flux was, at this time, epidemically prevailing in our community, and the symptoms in this case corresponding very accurately with the remedies efficaciously used in those diseases, were confidently prescribed. After the lapse of one week there was no evident change or improvement from the treatment; the symptoms and general condition remaining as heretofore described.

Obliged to be absent from the city, the patient passed into the hands of another practitioner.

Nearly five weeks from the time I attended him I was again called to see this gentleman, and much to my astonishment found him suffering from the same symptoms in an excessively aggravated form. The paroxysms of tenesmus were more frequent, of but a few minutes' interval.

The pains had now become very distressing, shooting, darting, cutting, tearing in the rectum ; prostrated, emaciated, hectic. The tongue had brown coating with red tip and edges, pulse sharp and wiry, but regular ; evacuations still mucus when the tenesmus was present, though there was a constant involuntary discharge of dirty water, so that he was compelled to wear cloths continually. The fearful change upon his countenance and general physical appearance was saddening. Alarmed, I insisted upon an immediate examination, and on introducing the finger per anum, discovered, about two inches above the sphincter, a tumor filling up the whole rectal space. It felt ribbed, hard, and callous, but was so exquisitely sensitive to the touch that I was compelled to yield to the pleadings and demands of the patient, and desist from a satisfactory exploration. Prescribing Bell.<sup>200</sup>, ordering an enema of slippery elm, and advising perfect quietness, I left him with the understanding that when there was more mental composure, and realization of the necessity, I should again make the examination, and perform such operations as were essential for his relief.

Two days after he permitted me to make a further exploration. Just within the sphincter the parts felt more yielding, and softer, less heat and swelling ; the tumor higher up, larger and more firm, but not so sensitive. The examination revealed the presence of an organic stricture. The coats of the bowel were thickened and swollen, the submucous tissues were indurated, and the mucous surfaces seemed to have been united by inflammatory adhesion, causing an almost entire occlusion of the gut. A better comparison than to the vertex presentation of the foetal head in the superior strait just after the membranes are broken, cannot be made. When the paroxysms of tenesmus came on I found the tumor descend almost to the sphincter muscle, and during one of them I detected a small opening, large as a pea, through which I gradually inserted the finger. Beyond the constriction I now dis-

covered there had collected an immense mass of matter, gorging and blocking up the bowel. Encouraged by the discovery and advantage already gained, notwithstanding the loud lamentations of the patient, by manipulation I succeeded in breaking up the slighter adhesions, and with effort removed an enormous quantity of the impacted mass. A few hours after, with the aid of an enema, he had a copious evacuation; "tremendous," he called it. Since which time there has been very little distress of any kind. From the touch, the character of the stool, and the general improvement, I am satisfied of the gradual dilatation of the stricture, and its eventual cure with the appropriate remedy.

I have related this case, in this conversational style, with the view of calling the attention of the members of the Society to the necessity of being careful in the examination of patients, and in the diagnosis of diseases. In the general routine of our practice we become so accustomed to prescribe for zymotic diseases, that we are apt to overlook the more important organic and structural alterations manifested by the symptoms. In the state in which I found this case on my second visit, neither the characteristic symptom, nor the key-note remedy, would have been of any avail either in determining the nature of the disease, nor in rendering any curative result. As well try to move a mountain with a common electro-magnetic battery, as overcome the structural change, and remove that impacted mass with the 6<sup>m</sup> of Nux. Sulph. or any other remedy. The mechanical power required to force the finger through and beyond the stricture, to then double the point and break up the adhesions and dilate the orifice, was sufficient to benumb the sensibility of the finger for several days. Could the dynamic power of the infinitesimal remedy have accomplished the same result, or as favorable a result in so positive a manner?

The characteristic symptom and key-note theory as now being taught in some of our public institutions, pro-



mulgated in some of our journals, and, *perhaps*, recognized by some in the practical application of drugs to diseases, is, to my mind, somewhat visionary. Key-noteism bears about the same relation to the science of medicine, that Plato's music of the spheres bears to the science of astronomy. It is not based upon any principle of nature, nor governed by any scientific law, but is founded upon the preternatural acumen of perceiving the differences in similarities! It is a vague conception of a therapeutic perfection, containing about as much essence of truth and reality as Plato's love songs of Venus, war songs of Mars, divine strains of Jupiter, and the whining refrains of old Saturn.

I quote from an author: "There must be a head to everything; so in symptomatology, if the most interior or peculiar, or key-note is discernible, it will be found that all the other symptoms of the case will be also found under that remedy, that gives existence to this peculiar one, if that remedy is well proven." If there must be a head to everything, it logically follows that there may be also a tail to everything. You enter an extensive stable, and casting a glance along the stalls, observe many tails moving and switching away for epidermic comfort. Naturally you would conclude that there was the body and head of a horse connected with each particular switching tail. Alas! for your knowledge and foresight! On closer investigation you discover that one of the tails is connected with the body and head of an ass. Why make such an egregious error? If you had only known the most interior and peculiar characteristic features of the movement of that tail—not its diametrical, nor circumferential, nor vertical proportions—not the indigenous peculiarities of the texture, the color, or quality of its hirsute appendage, but that combination of conditions which produces that asinine twist to the tail while in motion, distinctive from all other tail-twists, you would have struck the key-note and not have erred.

Recognizing *similia* as the positive therapeutic law, it appears to me essential for its proper application, to comprehend diseases and drugs in their entirety. Not only to observe and scrutinize the many varied symptoms as they are exhibited, but to fathom them in their depth, ascertain the functional, the structural, the absolute organic alterations that are produced through their morbid agencies. It is not well to stand aloof and watch the evidences of disease through the peripheral phenomena, but endeavor to delve to the centre and ascertain the origin and causes of the symptoms. The same observation applies to the remedial agent. By certain perturbations in the planetary sphere, La Verrier was enabled to determine not only the existence, but the precise locality in the heavens of another planet; so by the perturbations produced by the toxical influence of drugs upon the system, can we calculate the precise locality of its sphere of action, and readily understand from the material alterations wrought, its worth as a curative agent applied in accordance with the great law of therapeutics.

Poetry and science are antagonistic. The fancy of the one is incompatible with the facts of the other. Especially is this applicable to the science of medicine, which from its very inception up to the time of Hahnemann, consisted mainly of but few facts, but an eternity of offal emanations of the imagination. The principle of *similia*—the proving of drugs upon the healthful—the individuality of disease—the individuality of drugs, are the elements necessary to develop medicine as a positive science. The key-note may be struck by the homœopathic astrologer, but the instrument will not always harmoniously respond; an important string beyond his ken is broken, that all its vibrations from the lowest A to the highest G will terminate in a mournful, quivering, Æolian wail!

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## PRACTICAL CASE.

TRANSLATED BY SAMUEL LILIENTHAL, M.D.

(A. H. Z., July 18th, 1870.)

To Grauvogl belongs the honor of giving a scientific basis to Hahnemann's three fundamental diseases, and of exchanging the old and frequently misunderstood names of psora, syphilis, and sycosis, for the chemical termini, hydrogenoid, oxygenoid, and carbo-nitrogenoid, and of classifying our remedies on the basis of these three divisions. We have frequently and with benefit followed his excellent teachings.

Z., a weakly, delicate young man, 29 years old, became infected, after an impure coit, suffering from a gonorrhœa and an ulcer glandis, October, 1862. Mercurial treatment suppressed the ulcer and changed the acute gonorrhœa to a gleet, but he looked anæmic, pale, and had lost his appetite. During December a pustular eruption appeared on the scalp, he observed moist painful nodosities in the neighborhood of the anus, and white spots on the mucous membrane of the cheeks and fauces. Secondary syphilis was diagnosed, and he was dosed for several months with Iodide of Iron (on account of the anæmia) and Iodide of Mercury, without any benefit. During April, 1863, he used the inunction cure; the syphilitic symptoms nearly disappeared, and he was advised to visit Italy, as a warmer climate. During his journey, he suffered for a long while from a severe attack of angina, which only yielded to tartarized Antimony. Passing through Switzerland, he was persuaded to try hydropathy, which reproduced the angina and the plaques muqueuses. Apparently well, he passed the winter of 1863 and the summer of 1864 in Southern France, but his strength did not return; he looked anæmic, emaciated, and a deep melancholy became settled over him. September, 1864, severe headaches attacked him, at Paris. The pains appeared at different places, or changing locations, jumped from one place to another; were mostly tearing, twitching, boring, but always near the base of the brain. Thus, he returned to Moscow, but in spite of Iodide of Iron and Russian baths, his sufferings steadily increased. My professional aid was asked on the 9th of December, 1864.

I found him pale, anæmic, emaciated to a skeleton; lies abed, and only during morning hours he is free from his headache, but even then he can neither move nor think;



he replies in a hoarse voice, for loud talking resounds in the head; he looks, really, as if he had nearly lost his wits. He describes his headache as so excruciating that death would be preferable. It begins usually at 5-7 P.M., reaches its culminating point about midnight, and decreases towards morning, but still he cannot sleep, as light and noise easily disturb his rest; no appetite; constipation. During *damp weather he feels the worst*; the only thing which brings some relief is a dry temperature of 40° R. (122° F.)

My prescription was *Thuja*<sup>200</sup>, eight globules in four ounces distilled water, a tablespoonful morning and evening, and during the day, three or four times, two drops of *Natrum sulphuricum*<sup>1</sup>. He took both remedies regularly for a few weeks, and New Year, 1865, found him perfectly recovered, with good appetite, and able to attend to his business.—DR. BOJANUS.

## PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE Annual Meeting of this Society will be held at Harrisburg, February 1st and 2d. 1871. It is expected that the meeting will be large and very interesting. Members are requested to have their reports and papers prepared in good season.

At the same time and place, a meeting of the Committee of Arrangements for the coming Session of the American Institute of Homœopathy will be held.

## PUBLICATIONS RECEIVED.

TEXT-BOOK OF HOMŒOPATHY. By Dr. V. GRAUVOGL, of Nuremberg.

Translated by GEORGE E. SHIPMAN, M.D., at the request of the Author. Chicago: 1870. Two Parts in One Volume. Pp. 762.

In view of the fact, that it would be impossible to give anything like an adequate review of this great work within such limits as are allowable in a monthly magazine, perhaps the most appropriate and comprehensive remark we could make concerning it, would be, Buy it, and read it carefully! We shall endeavor, however, to present a synopsis of the contents of the book, such as may serve to give our readers some conception of its scope; and then glance at several of its more important passages.

Well might Hering rapturously exclaim on reading Grauvogl, "*Endlich ein Denker*;" for truly he is a thinker—albeit there were thinkers before his time. Never, since Hahnemann offered his own exposition of the

homœopathic doctrine and practice, has a work been put forth by a member of the new school of therapeutics, which so thoroughly discusses, compares, and demonstrates that which we term the law of cure, and its belongings. To rare learning the author has added earnest thoughtfulness in the production of this *magnum opus*, and the result is, a keen and searching and philosophical inquiry into the weaknesses and wants of therapeutics outside of homœopathy, and an explication of the sufficiency of homœopathy to strengthen these weaknesses and supply these wants. The work is very appropriately termed the *Text-Book of Homœopathy*, for it contains its leading principles and most important points, arranged in order, and readily accessible.

*Part One* comprises, first, a general view of science, to which thirty-seven pages are devoted, and which serves the purpose of a natural and graduated introduction to those special subjects which immediately follow. This chapter is succeeded by an exposition of the author's views of what constitutes *Life*, comprised in thirty-one pages, in which he takes ground against the doctrine of a *vital force*. Then follows a treatise on "Disease," viewed as a whole; together with sub-chapters on Diagnosis, Indication, and Prognosis; all of which embrace eighty-four pages. Disease having been treated of, methods of cure are made to pass in review, and we have chapters on "Modes of Treatment in Therapeutics," "Mode of Action of the Remedy," and a philosophical inquiry into various therapeutical systems, including "Physiological Medicine" (Allopathy), "Hydriatics," "Movement Cure," "Electricity and Magnetism," and "Rademacher's School," which concludes *Part One*. The consideration of these subjects occupies one hundred and eighty-nine pages.

*Part Two* is devoted to Homœopathy, and very appropriately opens with a chapter on "Drug Provings." Then follows, "The Law of Similarity," "The Homœopathic Dose," "Methods of Using the Remedy," "The Various Bodily Constitutions," "Hydrogenoid, Oxygenoid, and Carbo-Nitrogenoid Constitutions" (Psora, Syphilis, and Sycosis of Hahnemann), "Remedies for the Bodily Constitutions," "Practical Examples of the Bodily Constitutions," "The High Potencies," &c., &c. *Part Two* comprises upwards of four hundred pages.

We have already stated, that Grauvogl is opposed to the doctrine of a *vital force*; or, in other words, is a *materialist*. This is very apparent throughout his work, but the following passage explicitly states his views in this regard:

"From the natural laws of physiology, thus far presented, *no vital force* can be inferred. The idea of a *vital force* is only a predicative abstraction, and neither subject nor object. It is a conception, but no object of the senses; a subjective perception, as that of the vault of the heavens. Should that high authority of the present day say, for instance, 'The balance is the *vital force* of chemistry,' the *form* of the opinion is at least logical. But if I say, 'The *vital force* is that which necessitates, forms, and sustains life,' one must first ask what this 'that'

may be, and for this there is no other answer than the vital force; hence this 'that' indicates nothing but a vacuum (in ideis). The vital force is a teleological phantom, in spite of Liebig and Virchow." (Part One, p. 60.)

Strange though it may seem, medical men and naturalists are not unanimous regarding even the existence of a *vital force*. The doctrine is utterly repudiated by Buchner, Huxley, Grauvogl, and others. Our author, however, has not added strength to the materialists' cause, having unguardedly made the strongest admissions in favor of the doctrine he endeavors to refute. It is claimed by the materialists that so long as we lack positive demonstration of the existence of vital force, we are *bound* to attribute all the phenomena of the organism to the operations of what are called the physical forces. They urge further, that it is possible for the whole organism to be built up out of inorganic materials, by the combined action of these physical forces independently of vital force; and that all the phenomena of life are due to the changes which take place in the organism under the operations of "physical laws." Still further, they put forward the astounding claim that certain chemical combinations are endowed with organic life, and even organized life, as the direct result of their chemical constitution; and that, consequently, the vitality of these compounds is not imparted to them from some "outside" source, but that it is innate—born of their chemical constitution. Grauvogl sets forth all this as a part of his belief, and adds to it a still greater extravagance. He writes (p. 52): "What now does the life-force accomplish in all these processes? Life and living is that which has the ground of its activity within itself. . . . Hence it (the organism) is an excitable cause, which possesses self-activity in combination with receptivity or excitability."

By this he means to assert that life possesses within itself the cause and modifying influences of its own activity. We may admit that life can reproduce itself, though even that is doubted by some; but if the entire proposition of our author be admitted, it follows that life can perpetuate itself; a proposition which needs no comment. The resultant of all writings of this nature is, to accord to matter and unthinking force those exalted attributes which men generally ascribe to the Infinite Mind, and an effort to assign to the vital and mental functions a place more humble than that of force, or even of matter; regarding matter as self-existent, force as self-controlling, and mind as the result of force acting on matter. Matter and force exalted, and only mind degraded.

Want of space forbids our going into this subject in a thorough manner, and we must be content to let it rest here. If our author should chance to see this our humble review of his great work, he would doubtless class our objections to his materialistic doctrines as amongst the "dogmatism," against which he so frequently asserts himself. But it is not a little singular, and worthy of remark, that, while Grauvogl, with an impatience of the opinions of others characteristic of an original



thinker, declaims against what he terms "dogmatism," his writings sometimes take the shape of the quintessence of "dogmatism," and that he regards his assertion that a thing is so, as equivalent to a demonstration of it. In our opinion, the materialistic tendencies of our author are a blot on his otherwise fair escutcheon. They are not necessary to his arguments, and would, if universally adopted by the homœopathic school, weaken the homœopathic position. It is refreshing to turn from them to the simple vitalistic faith of Hahnemann, so beautifully expressed by that great and good man.

Grauvogl regards *Health* as a relative idea, and differing greatly in individuals, so that the condition which one man would regard as health for him, would be sickness for another. "Could we give life to the works of plastic art," he writes, "then should we realize the ideal of health. But every mortal varies, more or less, from the form of Apollo or Venus." Nevertheless, our author regards health as resting "upon a harmony of the relations in which the parts of the organism stand, on one side to each other, and on the other to its whole." This is a proposition which will be acceded to by most physicians, and certainly by all homœopaths; and is as clear a definition of health as can be made. Health having thus been determined, disease consists in a deviation from its standard; and our author recognizes two things as necessary to its consummation, viz., first, "the qualities of the organism, *i. e.*, the conditions for the disease; second, the external causes of the disease, which do not immediately emanate from it (the organism)."

In regard of the matter of *Diagnosis* our author is very clear and expressive. He shows with great force of reasoning the fallacies of Virchow's views, and those generally held by the allopathic school, as insufficient for the selection of curative means. Diagnosis, to the homœopathic mind, embraces not only the insufficient analogy and teleology of the old school, but, as well, a thorough knowledge of the condition of the patient, with all the accompanying circumstances of that condition; and the diagnosis thus made up, points to the remedial measures to be resorted to for a restoration of the lost equilibrium of the organism. Thus it will be seen that diagnosis in the mind of the homœopathist not only views the disordered condition of the patient, but points to the remedy—diagnosis and indication are combined. Here too, our author shows the utter incapacity of the allopathic school in the department of therapeutics—that crowning glory of medicine as an art and science—and their inability to discover a rational method of selecting curative means, notwithstanding all their researches in pathology, physiology, biology, and etiology. He pithily writes, in this connection (p. 111), "While thus the physiological school, in consequence of its experiments, thinks it may venture to conclude that a natural therapy is, for the present time, an impossibility, it comes, thereby, in conflict with its *calling*. To fulfil this calling, in some measure, it was determined to depend upon *dietetics* and *prophylaxis*, expecting by each of these to ward off new in-

jurious influences, till the urgent necessity to attempt to use an empirical or traditional so-called curative agent should occur."

Our author sets up a high standard of knowledge and ability as the requisites of a physician, and amongst other things recognizes in the full the importance of the faculty of observation, or the ability to observe. "What was called the luck of the physician or his tact, is really his *knowledge from memory*. At first glance he knows what one unpracticed seeks to unriddle by the use of all technical means." "In fact, the instruments of the art of observation are to be found neither in the laboratory nor at the bedside, *for each one must bring them with himself*." The truth of these remarks will be affirmed by every practitioner who has himself the art of observing his fellows. And, indeed, it is quite clear that some practitioners never acquire, even in a long professional life, the ability to observe.

It is in his review of the various therapeutical systems that Grauvogl shows his greatest strength, and demonstrates his fitness for the title which has been bestowed upon him,—the *war-horse* of Homœopathy. He charges into the therapeutical camp with the greatest courage and energy, upsetting horse and foot, and trampling under foot even the military chest; and extra-homœopathic systems in general, and allopathy in particular, are annihilated by his powerful and well-aimed blows. After a clear, comprehensive, and philosophical review of the fallacies of allopathy, and of the shortcomings of its system of medical practice, our author sums up as follows:

"The characteristic traits of the physiological school consist, according to the foregoing, viz., in this:

"1. That its diagnosis rests upon the description of diseases, upon the enumeration of symptoms, hence upon the elaboration of emblems, of symbols; for every one of its representations of a disease is symbolic or figurative. But since these symbols lack all and every *counterpart* which is given in Homœopathy, in the drug-provings, so is an exhaustive and correct announcement of all which is wont to happen, *impossible*.

"2. In this, that its therapy rests entirely upon tradition, hence upon the faith in probabilities touching events that take place, and conjectures, the correctness of which can only be conjectured according to the number or weight of the *opinions* given in deposition by witnesses, which hence must offer a far lower degree of conviction than knowledge offers; for knowledge is a conviction from compulsive necessity, and, since this school is void of this property, it can hence know nothing of therapeutics.

"3. In this, that consequently their *whole* mode of knowledge, derived as it is only from the domain of the *organs of the senses*, is subjected to accident; for accidental is that, the presence of which is perceivable by the senses, *i. e., a posteriori*; necessary, on the contrary, is that which may be known *a priori*."—(p. 264.)

If this be the condition of allopathic therapeutics, as it doubtless is (except where improved by an admixture of involuntary homœopathy),

its results cannot fail of being harmful, in view of the dangers arising from disease; and hence Grauvogl's verdict is a mere elaboration of that terrible criticism on old-school medication, pronounced years ago by a writer of that school: "Medicine is the art of conjecture improved by murder."

Commenting further on this inefficiency of the dominant school, our author pertinently writes (p. 265):

"But when, according to Wunderlich, physiological medicine, on the ground of humanity even, and with perfect right, announces the maxim, 'to omit nothing which can be useful to the patient,' then its scorn for homœopathy, and its *firm purpose* that it will learn nothing of this science rich in blessings, is in the most crying contradiction to this expression. Truly abundant in contradictions in theory and practice as this school is, even this one does not weigh heavily upon it! But Schopenhauer says, 'The will is always the secret opponent of the intellect.'"

Of the *Natural Science Therapy* of Rademacher, which came very near being something, but which eventuated in nothing, our author gives a very full exposition, pointing out its fallacies and shortcomings, and finally concludes as follows:

"Hence, Rademacher's school comprehends these *external causes* as epidemics, and for *this* hypothesis, and for everything which closely belongs to it, the essential reasons are wanting which can constitute the only clue to certainty in medical practice. This hypothesis leans only upon the one *external reason* of disease, while the inner reasons have been forgotten; and although the art of observation is attended with the greatest difficulties, since it is a matter of the faculty of comprehension, yet nothing should cleave to the objects, which might deliver us over entirely to accident and probability, if it is our aim to establish correct indications."—(Part I, p. 341.)

As one of the series of Therapeutical Systems, *Homœopathy* comes in its turn under notice, and to a consideration of its theory and practice, Grauvogl has devoted the entire second part of his work. Very appropriately, his first chapter in the second volume is devoted to "Drug-Provings." These he regards as the very essentials of homœopathic practice, displaying the weapons with which disease is to be combated; and gives the following exposition in a nutshell of the practical working of our system in the cure of disease, and the necessity for drug-provings upon the healthy organism:

"Would we undertake to make a sick man well again by the so-called curative means, we must *first* know *how* and *where* we have to search for remedies.

"1. As regards the *how*, after what has been adduced there can be no longer any doubt, for it is by induction that we seek for the *natural laws*, upon which a determinate series of phenomena depends, and *abstraction* permits us to know what laws are presupposed by a particular assertion.



"2. Regarding the *where*, we must also know *beforehand*, that, in this circle, the *necessity of natural laws*, and not the contingent, the lack of law, prevails.

"Now the *physiological* condition of man is that which consists according to fixed natural laws; here is, consequently, the *where* of the search.

"3. His *pathological* condition is his physiological, changed by a material external cause; hence we can change the same with the purpose of its *restitutio ad integrum*, its cure, in no other way than by taking for this purpose, substances also from the external world; and these substances, moreover, whose similar sphere of action, upon the relatively sound organism, is established by experiment and observation.

"4. And finally. We must possess a law of Nature, as a leading principle, according to which we can proceed; according to which that sphere of action of a substance permits a conclusion (based upon natural law) touching its use as a remedy." (Part II, p. 6.)

Our author fully agrees with the opinion generally held by homœopaths, that the closer the correspondence between the symptoms of a remedy produced by "provings," and those of a given case of disease, the more likelihood is there of a curative result following the administration of that remedy; and, in the following language, champions those who have been so often despised in our school and stigmatized as "symptom mongers." "History has shown that those homœopaths who cover symptoms, do bring out, again and again, something new and practical, but those who cover the names of the disease, very seldom."

Grauvogl regards "similarity" as a relative term, having no very definite meaning, but appropriated by Hahnemann from the domain of mathematics, to express the relations existing between disease-symptoms and drug-symptoms, as regards the selection of the drug for the cure of the disease. He considers too, that while the selection of the remedy is to be made in accordance with the "similarity," its operations in the system when administered, or its curative effects, are produced in accordance with the principle "*contraria*." Upon this point he writes, in unmistakable language, as follows:

"Remedies can, on this earth, only introduce movements into the organism, which run counter to those induced by the morbid cause, at least which change them, and this, clearly, cannot be brought about by the so-called similar movements." (Part II, p. 40.)

Upon the "vexed question" of the *dose*, our author is sound. He allows the largest liberty, and regards it as a question which each practitioner must settle for himself, in each individual case. For himself, he acknowledges having given *ponderous* doses of drugs, according to homœopathic indications, and thinks he could not have effected cures with smaller doses; and again he cites instances in which he saw better effects from the thirtieth attenuations than from cruder doses. He lays down the doctrine that "whatever attacks we make upon the organism for its

good, *we must always, at the same time, endeavor to gain the most favorable and surest ends with the least injurious, and, hence, smallest possible dose.*"

Grauvogl wages war, throughout his second part, on what he is pleased to term "orthodox homœopathy," by which term it is evident that he means those practitioners who regard homœopathy as something more than a mere principle of cure, but rather as a natural law of cure, the practical workings of which are coextensive with curable disease. He advocates the use of "adjuvants," such as purgatives, emetics, &c., upon the ground that they are essential in view of the shortcomings of homœopathy; and inveighs against those who refuse to do this. "The reason," he writes, "why homœopathy fears to act otherwise than as seems to be dictated by the law of similarity, lies in the desire to maintain the contrast between allopathy and homœopathy. In the former, the causal law is, of course, the only leading principle; in the latter, the law of the equality of effect and counter-effect. But both are laws of nature, and to proceed correctly, according to them, can include no error; both, however, have their limits, outside of which they can no longer claim validity."

If the contrast between allopathy and homœopathy is not to be maintained, we might ask, why then write so many pages to mark the contrast so perspicuously? Here Grauvogl exhibits his tendency to "dogmatism." He cites his *experience*, as evidence that *he* was obliged, in certain cases, to give cathartics, emetics, and cochineal in *powerful* doses, and lays it down as a principle of *non-orthodox* homœopathy, that such things must be done, and that all practitioners who do not resort to such measures are to be sneered at. Grauvogl himself confesses that the many shortcomings of homœopathy, as he sees it, are due to its want of development; but the ratio of its future development will not be in proportion to the departures, by its practitioners, from its principles. When our author can show, by unquestionable statistics, that those physicians whom he stigmatizes as "orthodox," are less successful practitioners than those of his own creed, then, and not till then, will he possess the right to claim any superiority for non-orthodoxy, or to speak disparagingly of "orthodox" homœopathy.

Grauvogl distinctly affirms the doctrine of alternation of remedies, although he says but little about it, limiting his remarks to a single paragraph. He does not take any new ground, however, and his arguments in favor of the alternate use of remedies amount to this only, that it is expedient, in view of our still imperfect knowledge of the action of remedies, to use, two in alternation instead of a single medicament. He writes (p. 105):

"To oppose to a morbid cause, only *one single* substance as a remedy, is a doctrine which belongs to the oldest principle of homœopathy.

"I shall show that although this doctrine is to be justified under most circumstances, yet not under all, according to the present standpoint of the progress of homœopathy, both as regards the most rapid, safe, and

pleasant results at the sick-bed, and the existing laws of the organism, and when I enter upon the proof of this, I am quite conscious that I again offend orthodox homœopathy. However, every one is quite at liberty to practice according to his best judgment."

This *showing* consists in a citation of certain supposed physio-pathogenic actions of Aconite and Belladonna,—which, he claims, are more frequently given in alternation than singly,—by which they act in harmony in the system, or, at least, do not act counter to each other; and these *proofs* are after all mere assertions of our author, carrying with them no more weight than the opinion of an observer. The testimony of Grauvogl, in favor of alternation, is not half so weighty as that of Hahnemann, who claims that medicines may, indeed must be, alternated in certain conditions of the system arising from a combination of *dyscrasiæ*.

Upon the subject of High Potencies, which our author terms "the most disputed still, not only by our adversaries, but also by very many of the adherents of homœopathy," he gives his unqualified testimony in favor of their use. We commend his words in this regard to those members of our school who scout at the use of anything higher than the third potency, and who look upon high potentists as men bereft of reason. He writes (p. 383):

"I myself first learned the necessity of the high potencies, after many cases had compelled me to give higher and still higher potencies, and now I prescribe much less frequently than before, anything lower than the 30th attenuation, while, at the same time, I have much better success at the sick-bed than previously.

"Errors are thus the germs of truth, where the mind, without a teacher, is obliged to teach itself.

"The homœopathic centesimal attenuations, from the 30th upward, are called high potencies. Their efficacy, I regret to say, is still disputed, but only by skepticism, and such a strife always indicates a lack of power, or will, or sincerity necessary to settle it. Anything decisive *against* the efficacy of high potencies has, up to this hour, never been offered, and nothing either of the *rules*, according to which their efficacy may find the needed explanation.

"It hence devolves upon us, not only to establish the acquisition made hitherto empirically merely, but also to complete it according to natural laws; not, however, to quarrel about the one or the other."

At page 146, *et seq.*, Grauvogl gives an account of the first cases, three in number, which effected his conversion to homœopathy. They are very interesting and instructive, and, indeed, the entire work abounds with many most valuable practical "therapeutic hints," which alone more than repay the time required to read the book.

We are perfectly well aware of the insufficiency of our review of this great work. In glancing over its pages, paragraph after paragraph strikes us as most forcible, logical, and beautiful; and should we yield to



impulse, one-half the text would be transferred to our pages. We have only endeavored to present a few of the more important points eliminated, with such remarks as we felt justified in making, concerning them. We again commend the work to our subscribers, with a repetition of the injunction given at the beginning of this notice, *buy it, and read it.*

We have been told by those who should be competent to judge, that the translator has done his work in a most faithful and excellent manner. In parts, here and there, where the author indulges himself with philosophical disquisitions, there is some word-mistiness which makes the meaning almost incomprehensible. This is doubtless due to the author's manner of expression, and not to any fault in the translation. The work is printed in the very best style, upon toned paper, and is exceedingly creditable to all concerned in its getting up.

On sale by Bœricke & Tafel, Philadelphia, New York, Baltimore, and San Francisco.

THE ATLANTIC MONTHLY. Devoted to Literature, Science, Art, and Politics. November, 1870. Boston: Fields, Osgood & Co.

It would seem a superfluous task to endeavor to paint the lily; but we may be excused for speaking in admiration of the beauties of that flower. It is thus with the *Atlantic Monthly*, the "Maga" of America; now so well known and established as a necessity of our homes, as to render superfluous even the mention of its excellencies. In its twenty-sixth volume, it steadily improves. To the physician, nothing can be more delightful than the perusal of the well-written and interesting articles this magazine constantly contains. Moments of literary recreation are not many, for us, but those we have cannot be more *profitably spent in pleasure* than by reading the *Atlantic Monthly*.

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## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE usual monthly meeting of the Society was held November 10th, 1870, the President, Dr. W. Williamson, in the chair.

Dr. H. N. GUERNSEY called the attention of the Society to a circular he had received from the West, being the advertisement of a certain "Bitters," and containing, as a part of the circular, the recommendation and indorsement of said "Bitters" by members of the homœopathic profession in high standing in the cities of Chicago and St. Louis. Dr. Guernsey thought such practices were calculated to bring great discredit on the homœopathic profession, and were clearly in violation of the spirit of the Code of Ethics of the American Institute of Homœopathy; and, in his opinion, this Society should take some action looking to an expression of condemnation on the part of this Society.

Dr. WILLIAMSON thought this Society could not take any action on the act of the physicians as individuals, but thought that a resolution by the Society, condemnatory of the practice of indorsing nostrums and so-called "bitters" by physicians in regular standing, would be pertinent and perfectly legitimate. He thought the American Institute could, and doubtless would, take notice of these individual acts.

Dr. JEANES moved, and it was carried, that Dr. H. N. Guernsey be appointed a Committee to report on the subject of members of the homœopathic profession indorsing quack medicines, nostrums, and bitters.

THE SECRETARY then read a letter from Dr. George R. Starkey, tendering his resignation as a member of the Society on the ground that, being a practitioner of a special method of cure, which he freely advertised, he did not wish to bring reproach on the Society as one of its members.

Dr. S. R. DUBS said that Dr. Starkey's letter of resignation contained some things that were not true, in his estimation, and were worthy of investigation by the Society. He therefore moved that Dr. Starkey's letter be referred to a committee of investigation. Dr. Dubs's motion was not seconded.

Dr. JEANES moved, and it was carried, that Dr. Starkey's resignation be accepted, after he has settled his account with the Secretary.

THE SECRETARY read a letter from T. Guilford Smith, Esq., chairman of the Building Committee, inviting the Society to visit and inspect the new hospital building, just completed, this evening. On motion of Dr. Middleton the invitation was accepted.

Dr. B. W. JAMES, Scribe, then made his usual monthly report, as follows:

#### NOTABILIA.

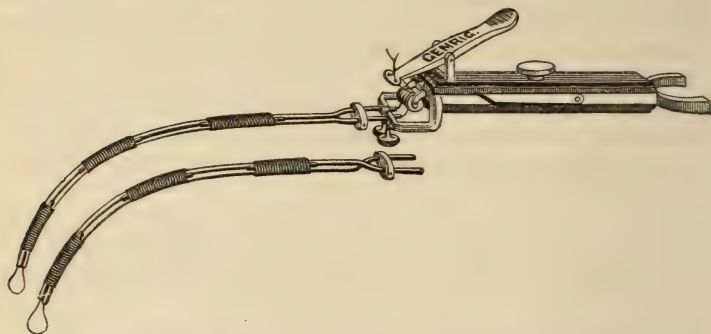
BY BUSHROD W. JAMES, M.D., SCRIBE.

THE ELECTRIC CAUTERY—PAINLESSNESS AFTER APPLICATION.—It is well known that the actual cautery destroys pain in the part to which it is applied, and this is, no doubt, brought about by the surrounding filaments of nerves being destroyed by the extreme heat. M. Sedillot thinks that the actual cautery is, however, superficial in its action. Nélaton preferred the burning jet of ordinary illuminating gas. The former considers the cauterization from electricity the best, because of its greater intensity, independent of its ease of application; and further, from the fact that when used at a white heat it not only prevents loss of blood, but has the remarkable property of causing no pain, and preventing pain subsequent to the operation,—a condition of things which does not always follow the operations performed under chloroform or ether anesthesia.

This prevention of pain in parts operated upon, or, in other words, rendering the wound insensible, is certainly a great surgical discovery,

and, where it can be used, will go far towards placing the electro-cautery operations as far more desirable than the use of the knife and anæsthesia.

**ELECTRO-CAUTERY INSTRUMENT.**—I have here the apparatus by which surgical operations are performed by electricity. At the extremity you see the two loops of platinum wire, one for catching growths on the side, and one for looping them on the flat. Further back you see the arrange-



ment for tightening the wire, and still further back the attachment for turning on the electric current, and for fastening the instrument to the wires of the battery. A carbon battery of good size, with Bichromate of Potash solution, is strong enough to heat the platinum wire to a white heat for burning off the morbid part.

**THE CHEMICAL CIRCLE.**—The mummy pits of the ancient Egyptians are now extensively worked; the bones exported to England, turned into phosphate of lime to fertilize garden vegetables, which, in turn, nourish modern humanity; and so the same atoms may circulate around from the animal to the vegetable kingdom, and *vice versa*, as long as the world lasts.

**SCHOOL FOR NURSES.**—A training school for the proper education of homœopathic nurses, is to be carried on in connection with the London Homœopathic Hospital, England, and a fund is being raised to that end. Mr. Truman, the efficient manager of that hospital, has recently given a successful (financially and otherwise) public reading in aid of this fund. We must look to educating our nurses in America more thoroughly, and those wilful self-important old grannies, who disobey the physician's instructions, and who start out on nursing expeditions when they get out of other employment, must be supplanted by younger and more intelligent and properly educated nurses, and those well trained in the homœopathic requirements in nursing.

**OXYGEN IN DISEASE.**—Oxygen, or oxygenated air, is attracting some attention as an agent in relieving, curing, or assisting in curing diseases, such as dyspnœa from heart disease, diphtheria, asthma, croup, anæmia, &c., but it is simply the food-supplying action upon the blood, and the assistance it renders the system in ridding it of the effete matters and



surplus carbonic acid, and thus giving nature greater reactive power, that any special benefit is derived. We certainly do not think it a specific remedial agent. Oxygenated bread is now made somewhat on the plan of the aerated bread manufactured in our city. Its object, in use, is similar to that of oxygenated air.

THE PARIS SMALL-POX EPIDEMIC, from the extent to which it raged, and the number of its victims, is a good text from which to argue in favor of a compulsory vaccination and revaccination act in our states, as nearly every city has enough anti-vaccinators in it to make plenty of fuel for the disease, should it assume the form of an epidemic.

YOUTHFUL MOTHER.—A case is on record in England, where a girl became pregnant and was delivered of a child in her eleventh year.

THE SAFEST QUICK ANÆSTHETIC.—Dr. Richardson, of London, claims that Methylic Ether does not produce muscular spasm and syncope, while it acts in from 45 to 60 seconds, and the effect passes off in less than three minutes without any nausea or vomiting resulting. There is semi-consciousness and the power of remembering, without the least sensation of pain while under the influence. He says, that the perfection of anæsthesia will consist only in finding "an agent that will destroy sensibility without interfering at all with organic muscular life, volitional power, or consciousness." Dr. Liebreich, of Berlin, claims a new, safe anæsthetic in a colorless, agreeable, volatile fluid, called Æthyliden Chloride. It produces sudden slumber, quite natural, and from which the patient awakes involuntarily and quickly.

FOUR MAMMÆ.—A case of a primiparous woman having four breasts is reported in the *New York Medical Journal*, No. 68. Two of them were in the natural position and usual size, with the dark areola around them. The others were about the size of an orange, and were located nearly under the axilla. Milk was secreted in them all, but the axillary ones contained milk of an inferior quality.

STRIPPING THE FUNIS.—It has lately been suggested that *stripping* the fœtal end of the umbilical cord, after it has been cut, is a good procedure for preventing subsequent hemorrhage, but I think it calculated to do more harm than good, for if the funis is allowed to empty itself, the vessels will contract of themselves better than by drawing and meddling with the umbilical arteries, and the danger of opening the septum, which nature provides for the very prevention of secondary hemorrhage, is thus avoided.

AN EPIDEMIC OF SUITS AGAINST DOCTORS.—From the number of suits for malpractice, &c., brought by the laity against honorable and skilful medical as well as surgical practitioners, which we find mentioned in the medical journals, and of others that we are cognizant of that have not been published in such journals, we are led to believe that there is a malignant mania of this character at present prevailing among the laity.

SHEET LEAD DRESSING FOR WOUNDS.—It is claimed that a thin sheet

of lead applied to wounds answers a better purpose than lint. The sulphurate which is formed, prevents decomposition, and the formation of disease-germs.

VEGETABLE GERMS IN THE BLOOD AND TISSUES OF MAN.—Dr. L. S. Beale, of London, in a recent work on "Disease-Germs," in referring to the growth and multiplication of vegetable organisms in dead tissues of the body, or where decomposition has set in, claims that, whether they are the cause or not, they are certainly always connected with such change, and are present in large numbers. He further remarks: "The higher life is, I think, everywhere interpenetrated, as it were, by the lowest life. Probably there is not a tissue in which these germs are not, nor is the blood of man free from them. They are found not only in the interstices of tissues, but they invade the elementary parts themselves. Multitudes infest the old epithelial cells of many of the internal surfaces, and grow and flourish in the very substance of the formed material of the cell itself. But the living germinal matter of the tissues and organs is probably perfectly free from vegetable germs. Some are, however, not uncommonly met with on the free surface of the germinal matter, where its death and conversion into formed material are taking place.

"So long as the higher living matter lives and grows, the vegetable germs are passive and dormant, but when changes occur and the normal condition departs, they become active and multiply. Millions are always present on the dorsum of the tongue and in the alimentary canal, but they remain in what may be termed a germ or embryonic state. The normal secretions poured into the alimentary canal prevent their growth, and the nourishment comes to us instead of being appropriated by them. But what happens if some of these fluids be suppressed, or change in quality? The bacteria grow and multiply, and the nourishment is no longer absorbed into our bodies. In infants a little derangement in digestion will entirely prevent the assimilation of the milk, which remains in the intestines a source of irritation, until it is expelled, serving only for the nutrition of bacteria, which are found in countless multitudes in every particle of it. If more milk be introduced it soon undergoes the same change, and the child might, perhaps, be starved by the persistent introduction of fresh food. If food is withheld for a time, the alimentary canal soon becomes emptied of its contents, and regains its natural healthy action."

OZONE.—A discovery of some importance in regard to Ozone has recently been made by Mr. Loew, of New York, and confirmed by the German chemist Thaur—that it is produced by rapid combustion. No. 719 of the *Philadelphia Medical and Surgical Reporter*, contains the following statement concerning it. "A small quantity of Ozone is always found in that part of the air which is immediately in contact with the lower part of the hydrogen flame, and its pressure can be shown by drawing the air through a glass tube. The point of the tube ought to be inserted into the lower half of the flame, and the draft must be strong enough to

divert the flame a little from the perpendicular, but not enough to draw the unconsumed gases through it, as they at once destroy the Ozone. Burning charcoal yields no Ozone, for the reason that the carbon absorbs both atoms of oxygen to produce carbonic acid. This method of the formation of Ozone is of great interest, and may eventually lead to its practical application in bleaching and disinfecting. It would appear to be a cheaper and a better way to evolve the active oxygen than by electricity." Ozone is derived from  $O_3$ , I smell, and is the odoriferous form of oxygen generated or noticed after the discharge of electricity produced by friction, or from the positive electrode of an unoxidizable metal, such as platinum or gold. It is also generated by ordinary phosphorus in a damp atmosphere, and now Loew finds that it can be obtained in large quantities in rapid combustion. Much has yet to be found out concerning its real nature, however.

A JOKE.—The *Boston Journal of Chemistry*, November, says, "The anatomist who has discovered a new muscle in the human body has taken out a patent, and no one can use the muscle without paying royalty."

PRUSSIAN FEES.—"These are regulated by law on decidedly economical principles. For a first visit within the city limits, a physician is allowed to charge from fifty cents to one dollar; for each subsequent visit twenty-five to fifty cents; if at a distance of from one to five miles from town and suburbs, his first visit may be from seventy-five cents to one dollar and a half, and subsequent ones from fifty to seventy-five cents. For a first visit at night, if it be in town, he gets from one dollar and fifty cents to two dollars and a quarter; if more than a mile out of town, from two dollars and a quarter to three dollars; following night visits, being in town, from seventy-five cents to one dollar and fifty cents; in the country, from one dollar and twelve cents to two dollars and a quarter. He may not charge for more than two visits a day unless they be made by special request, nor must his fees for all attendance on any one patient within twenty-four hours, exceed \$2.25." (*Ibid.*)

POISONING BY MERCURIUS VIVUS.—The coroner of Tarnapol, Dr. Lieblinger, it appears, by the November number of the *North American Journal of Homoeopathy*, in an extract from the *Wien Med. Wochenschr.*, No. 96, reported three fatal cases, where a mercurial salve had been applied to the whole surface of the body of the patients for the cure of scabies. That some substances may be taken into the system quickly by the skin, and in considerable quantity, is certainly well proven in these cases. The following is the extract: "W. K., J. K., and T. K. were found dead in bed one morning, being well the day before, during which they anointed their whole bodies with a mercurial salve, given to them by a quack for the cure of scabies. Post-mortem examination showed the same state in all three cadavers.

"a. *External State.*—The skin of the whole body is in many places of a dark violet color, and shows on the hands, feet, chest, abdomen, and back, morbidly altered spots, of the size of a pea to a lentil, with a brown crust wherever the acarus had burrowed itself.



"*Mouth*.—The teeth coated with yellowish tartar; the neck of every tooth denuded of gum; the gums of a slate color, bluish, greatly swollen; the mucous membrane of the upper and lower lip greatly swollen, of a bluish tint, deprived of its epithelium; fetid, unbearable stench from the mouth.

"*b. Internal State*.—1. The cerebral membrane filled with blood, swelled and compact; the dura mater and all sinuses full of dark, black, fluid blood; the pia full of blood, the large and small brain everywhere in all its bloodvessels full of dark fluid blood, so that even they appear of a dark red color; sections of it show large quantities of miliary blood-points interspersed in the substance of the large and small brain; on the base of the cranium accumulation of some fluid blood.

"2. The thyroid gland, the mucous membrane of the larynx and trachea full of blood.

"3. Both lungs slightly glued to the pleura, filled with the same dark fluid blood, and discharge when cut into large quantities of foamy black blood.

"4. The pericardium enlarged, containing several drachms of serum; the heart relaxed, containing large quantities of dark fluid blood.

"5. The liver gorged with black blood, also the spleen.

"6. The stomach full and large, contents given over for chemical analysis.

"7. The bowels show no alteration.

"8. Both kidneys full of blood.

"9. Bladder too full.

"Death was therefore clearly caused by acute apoplexia cerebri et pulmonum. The analysis showed in all the organs metallic quicksilver, and the quack confessed to have mixed nine ounces of the metal with the ointment."

We would offer here a query as to how far the mercurialization of females affects their offspring, and how much influence it has in forming a hemorrhagic diathesis.

Dr. C. S. MIDDLETON then read the following paper:

#### NON-LIGATION OF THE FUNIS—SECONDARY HEMORRHAGE.

Since this method of treating infants upon severing the umbilical cord has been brought into notice, and the favorable reports already obtained, no doubt every earnest physician has given the subject consideration, and in some instances practical observations have followed.

Heretofore, so far as I am acquainted, no unfavorable case has been reported; but, as the value of any measure or process is graduated by the amount of knowledge or experience we may have concerning it, I feel it a duty in bringing to the notice of the Society one case, which, but for my timely investigation, would have proved most unfortunate.

In a number of instances I have cut the funis without ligation, but I

have taken the precaution to tie them before leaving the patients. Three cases upon which no ligatures were applied, will suffice for the object of this paper.

Case No. 1. Oct. 3d., attended Mrs. H.; easy natural labor, but for some cause the child was asphyxiated; no pulsation in the cord; fetal heart beating very feebly; artificial respiration was resorted to at once, but without the effect of causing the child to respire. I then cut the funis, continued the artificial respiration, sprinkled cold water on its face and chest, when a spasmodic effort at breathing commenced, and at the same time a few drops of black blood oozed from the funis.

In the meantime hot water had been ordered, and as soon as it was brought I placed the infant in a hot bath, which started a right good cry, as well as an ordinary flow of blood from the cord, and soon the child had assumed a good *live* color.

The bleeding soon ceased, and in due course of time the infant was dressed, and no further hemorrhage occurred.

This infant suffered but little from colic, was slightly jaundiced, but not sufficient to need medication; the cord was thrown off on the fifth day, and left a remarkably well-closed umbilicus, without any soreness or discharge.

This case, being the first one treated by myself, as described, I considered very encouraging at least, but, alas! my high hopes and progressive aspirations were soon to receive a shock, from which, I fear, I shall be unable to recover sufficiently to induce me to leave another infant without first ligating the funis.

Case No. 2. Oct. 9th, 2 P. M., attended Mrs. T.; good short labor; cut the funis without ligation, after the infant had cried lustily; about an ounce of blood escaped; child was wrapped up and laid away until the mother had received the proper attentions, when it was dressed, and not a particle of bleeding was observable, not sufficient to stain the linen dressings placed around the funis.

Before leaving, I directed the nurse to examine the child occasionally, and if hemorrhage should take place, to ligate immediately. Expecting to be away from home during the night, I called to see this patient at 6 o'clock P. M. Upon inquiry I was informed that everything was "all right," but upon examination of the child I found its clothing saturated with blood; even the little shawl which constituted the outside wrapping was soaked through.

I immediately stripped off the clothing, and put a ligature around the cord. Subsequent observation does not seem to show any ill effects from the loss of blood; but, had it continued a short time longer a fatal termination would have been the result; or, if hemorrhage had ceased when the child was at the point of death, an unfortunate anæmic condition would have ensued no doubt, which might have given rise to much trouble.

This infant has been tolerably free from colic; slightly jaundiced. The

cord separated on the fifth day; very good closure of the umbilicus, dry and free from soreness.

Case No. 3. Oct. 9th, 4 P.M., attended Mrs. L.; did not ligate the funis; there was no secondary hemorrhage; child has been very good; slightly jaundiced; funis separated on the seventh day, leaving a well-closed umbilicus; no soreness, but a little discharge was present.

In reviewing the cases where I have cut the funis without first ligating it, I am led to testify that I believe *less jaundice* takes place, and that, perhaps, children do not have quite so much of the colic; but, in the face of secondary hemorrhage, which it has been shown may occur without the precaution of a ligature, the question arises, are we justifiable in leaving an infant without applying a ligature to the funis, even though it be the *last* thing we do before going from the room.

This case of hemorrhage I have cited is the first of its kind that has ever occurred in my practice; and, if in the second attempt to carry out a method believed to be better than the old one, and one which seemed to be so well established, I am met by such appalling results, I cannot be considered as retrograding, when I say, that I will *never* leave another infant without a good firm ligature around the funis, particularly as I have been unable to perceive any disadvantage arise from it, when the funis has been severed and allowed to bleed freely previous to ligation.

To elicit discussion upon this subject, and to secure the sense of this Society, I offer the following preamble and resolution:

*Whereas*, It has been recently demonstrated, that to separate the funis of a newly born infant without first placing a ligature around it, is not attended with the serious result formerly believed, and,

*Whereas*, It is further believed to be a better mode of practice to cut the umbilical cord without first ligating it, and,

*Whereas*, Secondary hemorrhage rarely takes place, yet has been known to occur, therefore, be it

*Resolved*, That this Society recommend its members and others to cut the funis without first applying a ligature as formerly; but, to guard against secondary hemorrhage and its consequences, *a ligature should always be applied after bleeding has ceased*, and before the attending physician leaves the house.

Dr. B. W. JAMES said, that while he approved of the spirit of the resolution offered by Dr. Middleton, he could not think that it would be proper for the Society to pass it, as it might be regarded as binding by some who desired to prosecute the practice of non-ligation still further.

Dr. MIDDLETON said, the resolution was merely recommendatory, and not binding.

Dr. S. R. DUBS hoped the resolution would not pass. He considered it necessary to tie before cutting. He had had a great many cases, and at first he applied two ligatures and cut between them; but he soon came to use only one. Dr. Dubs related a case in which he had taken the word of the nurse that she had tied the cord properly, but was afterwards



called to the house, to find the child almost dead from hemorrhage, and it was with difficulty resuscitated. He found that the nurse had tied the cord, but had cut so close to it that she must have divided the thread.

Dr. JACOB JEANES thought the Society should be very slow to commit itself to any resolution restricting the liberty of action of practitioners, or recommending this or that procedure as better than another. The good purpose Dr. Middleton had in view would be fulfilled by the discussion of the subject. While he would move that the thanks of the Society be tendered to Dr. Middleton for his contribution, he was of the opinion that the preamble and resolution had better not be adopted.

Dr. MIDDLETON said it was to guard others against the trouble he had fallen into that he offered the resolution. The preamble expressed his views in regard of cutting the cord before tying, and allowing some blood to escape, but that, as a measure of safety, the cord should be tied before the accoucheur leaves the house.

The Homeopathic Medical Society of Berks and Schuylkill Counties adopted the method of non-ligation by a resolution (*vide Hahnemannian Monthly*, Vol. VI, No. 2, p. 59), which would serve as a precedent for us.

Dr. DUDLEY thought we needed more facts before attempting much in the way of generalization. It has not yet been demonstrated to a nicety that ligating the funis is always injurious to the child, nor that non-ligation prevents colic and jaundice. Drs. Haeseler, King, Guernsey, and others think it does. His own limited experience would scarcely warrant a positive opinion, but he thought that in the half-dozen cases in which he had cut the funis without ligation, there had been less colic than when the ligature had been used. There is much to be learned respecting the phenomena that attend the change from intra-uterine to extra-uterine life. For instance, what becomes of the blood which at the commencement of respiration distends the vessels of the cord almost to bursting, and then disappears, leaving the cord collapsed and flaccid? Has it passed into the placenta, or has it entered the general circulation? An answer to this question will throw some light upon Dr. Haeseler's explanation of the causes of jaundice and colic.

Hitherto the very first act performed for the new-born child, has been an unnatural act,—the ligation of the funis. Lately, however, we have thought to follow the suggestions of nature by leaving it untied; and yet we still confine it between the hard folds of a compress. We have reports of cases in which secondary hemorrhage was supposed to result from improper ligation, as when a piece of tape was used; the pressure being sufficient to impair the vitality of the part, and prevent *natural* contraction, and yet not sufficient to close the vessels entirely. Now could not a hard compress act in the same way? He thought more care should be exercised in dressing the cord and in clothing the child, to prevent too much pressure. As a dressing for the cord, he generally used the raw cotton recommended by Dr. Guernsey, and thought it excellent. He liked the sentiment of Dr. Middleton's resolution; for if the hurtful

effects of ligation are due to the blood being confined in the liver, he could see no harm in ligating the funis as a measure of precaution after this blood has been allowed to escape.

THE PRESIDENT thought that Dr. Middleton's resolution would be better as the expression of an individual opinion.

Dr. MIDDLETON expressed himself as being satisfied that his resolution should not come to a vote, inasmuch as by its discussion here, and its publication by the Secretary, it would have the warning effect he desired.

Dr. S. R. DUBS objected to the cord being left untied until the blood had ceased to flow. If not tied at once, something may arise which will turn the entire attention of the physician and nurse to the mother, the child may be laid away and neglected, and when examined, may be dead, or if not dead, very seriously damaged by loss of blood. He knew of a case where this very thing happened to a young physician, the mother being seized with convulsions.

The vote of thanks to Dr. Middleton was unanimously given.

Dr. H. N. GUERNSEY said that Dr. Middleton spoke of jaundice being present in every case he had related. He asked Dr. M. what evidence he had of the existence of jaundice.

Dr. MIDDLETON. Yellowness of the skin, and of the whites of the eyes.

Dr. GUERNSEY remarked that he had seen many cases in which there was yellowness, and yet no other signs of jaundice, the children being perfectly well in all other respects. In such cases he could hardly think the children had jaundice, and possibly the yellowness was due to exposure of the child to a strong light. He had had many fights with nurses who contended that babes had jaundice when there was no jaundice at all.

Dr. MORGAN asked Dr. Guernsey what evidence he had that the discoloration he spoke of was due to the influence of light. He thought it more likely to be due to absorption of the coloring matter of the blood.

Dr. GUERNSEY replied that his authority in the matter is Cazeaux, who throws out the idea, with which he was much pleased, and in which he could see nothing improbable.

Dr. B. W. JAMES then read his paper on "*The Climate of the Atlantic and Pacific Coasts Compared.*" (See p. 211 H. M.)

Dr. DUBS moved that a Committee of three be appointed to investigate and report on the method of curing chronic diseases, known as the "Compound Oxygen Treatment." The motion was carried, and Drs. Dubs, Middleton, and Brooks were appointed said Committee, to report at the next meeting.

The Society then adjourned to visit the Hospital; to meet on Thursday, December 8th, 1870.

The visit to the Hospital was very pleasant. The members, under the guidance of Drs. Thomas and Morgan, were shown through the building, which was brilliantly lighted. A number of beds were in position, the culinary department was in working order, and ere many days the Hospital will be thrown open for the reception of patients.

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## OBSERVATIONS ON THE HEALTH OF COAL MINERS.

BY CHARLES H. HAESELER, M.D.

NEARLY fourteen years' experience in the practice of medicine among the people of a coal-mining district has enabled me to arrive at some facts and conclusions, in reference to the influence on health, which this department of underground occupation exerts, that may not be without a modicum of interest to the profession in general.

In the first place, there is no longer any doubt in my mind that working in coal mines is by no means conducive to longevity. During what was called the "long strike" of the past summer, a body of miners, estimated as numbering no less than four thousand men, paraded through the streets of Pottsville, and I had an excellent opportunity to examine the procession closely, with the view of ascertaining the number of *old* men that might be found in the line of march. Yet I did not see a single one who might reasonably be estimated at sixty, nor five at fifty-five, nor twenty at even fifty years of age. If it be objected to this, that it should hardly be presumed that the old men would participate in a demonstration



of that kind, and that many such might have remained in their homes, I still venture to assert that of all the miners whom I have ever seen, and who, taking them young and old, would constitute in the aggregate probably no less than ten thousand, there was not one who had attained the age of three score years and ten.

I have also made inquiry in reference to the matter in numerous instances, from the best informed and oldest miners I could find, especially of such as were connected with mutual benefit societies or brotherhoods, and have noticed that almost invariably, when the question of longevity was propounded, they appeared struck thereby, as though the fact had not occurred to their minds before, admitting that the percentage of aged men among them was a good deal below the average number with most other classes of laboring men. And what makes the fact more strikingly apparent is the disparity which exists numerically between aged people of the two sexes; for while old men, as already stated, are comparatively rare, the number of old women, on the other hand, is entirely up to the average standard; and especially obvious in this respect is the difference between the number of widows and widowers; widows of seventy years and over, whose coal-mining husbands had died ten and twenty years ago, being by no means an uncommon sight.

The causes of this undoubtedly premature demise to which miners in coal-works expose themselves, may be enumerated as: 1st. Accidents and firedamp explosions; 2d. Diseases arising from impure air; 3d. Diseases arising from exposure to water; and 4th. Diseases caused by the inhalation of coal-dust.

The first of these causes, namely, accidents and explosions with gas, nowadays, that coal oil is used so much, and so many accidents happen with that highly inflammable substance, it is perhaps better to notice with something more than a passing allusion. Every one who has read of the heartrending calamity which occurred at

Avondale, near Scranton, Pa., has doubtless realized that the high responsibility of investigating into the nature of, and if possible devising means to prevent, disasters of this kind, rests rather with the proprietors of coal mines than with medical men. Still, it must be admitted that the miners themselves, as a class, appear to be possessed of incorrigible recklessness; as the shortness of time wherein, and equanimity of mind with which they generally become reconciled to any mishaps, is at times quite wonderful to contemplate. I have seen men with the skin almost literally burnt from head to foot, vowing, at first, that if they would ever get well, they would never enter a coal mine again; yet, no sooner were they healed than they were willing to incur the same risks over. Nay, more, I have seen men who had been seriously burnt a number of times, and who had means and opportunities to earn a livelihood by some other method, who yet persisted in exposing themselves again and again to similar danger. It would seem that by constant association, from childhood, through experience and tradition, these perils lose in their estimation the terrors that belong to them, or that through early training they become unfitted, or at least deem themselves so, for any other occupation. Like the soldier whose courage and love of military life increases with every battle in which he participates, so these miners appear to cling to their dangerous occupation with greater fondness for every time they receive an injury. So common is it for miners to be injured by fire, that it is only in extreme cases they send for a physician, generally contenting themselves with using their own oil and lime-water, with other lotions and plasters, for the proper application of which every little community has its own expert "old woman," who is generally the wife of some miner who has been burnt unusually often: this giving her a reputation by virtue of her practical experience. Cases of severe burning occur, however, only too frequently, when it is deemed

proper to send for a physician; and I cannot withhold from the profession the gratifying popularity which homœopathic treatment on such occasions has received in many instances, under my own guidance and observation.

At first I found it very difficult to overcome the rooted predilection for linseed oil and lime-water, with raw cotton covering; but at length I have, at least in many instances, succeeded in convincing people of the far preferable treatment.

*Urtica urens* has proved unqualifiedly by far the most generally successful remedy that I have yet employed. I add a teaspoonful of the mother tincture to a pint of the purest water to be obtained; then saturate linen cloths, or, if possible, pieces of patent lint, with this solution, and apply them to the affected parts, however extensive the surface that is injured may be; cover this with a layer of cotton wadding, and over the whole I apply oiled silk, to preserve the moisture on the medicated cloths, and to assist in excluding the air from the wounded surface. Generally this treatment "takes out the fire," as it is popularly termed, in a shorter time than any other method I have ever witnessed; gives ease and comfort with the least delay, and expedites a cure most admirably. Sometimes, however, the *urtica urens* does not seem to answer the purpose, when acon., arsen., bell., bry., rhus tox. or veratr., applied similarly, with a solution of the mother tincture, is used instead; one or the other of which I have never known to fail. In the application of these remedies one should never lose sight of our great law, but employ that which on careful investigation is found most *similar* to the case.

The *urtica*, owing to its almost universal appropriateness, is the only one that I have ventured to use empirically; if it fails, I always examine minutely into the symptomatology of the case. Likewise, with the internal administration of remedies, there is perhaps not a single



one that I have found worthy of any special place of honor in cases of severe burning, but I have always been governed by the totality of symptoms before me. Sex, age, temperament, idiosyncrasies, time and aggravation, right or left side of the diseased locality, should all be carefully observed, as well in these injuries as in any other malady. Nothing does more towards making indifferent doctors of us than routinism, and an easy, jog-trot habit of jumping at conclusions.

If a patient who has been burnt, either by flame or scalding water or steam, is not otherwise affected than the injury to his skin, however extensive that may be—that is to say, if there is no decided constitutional disturbance beyond probably some slight febrile excitement—the *urtica urens* treatment will be all that is required.

But if the accident be followed by a great shock to the nervous system, chills, coldness of the extremities, colligative sweats, diarrhœa, pale countenance, or hippocratic expression, then *veratr. alb.* and sometimes *arsenicum* will be necessary.

If, on the other hand, the patient be thrown into a high fever, with flushed countenance, constant thirst, great mental excitement, wild, fanciful delirium, &c., *aconite* will be indicated; or *bellad.*, if the flushed appearance of the face be less bright, but purplish and dappled, and the delirium be more of a low muttering, threatening coma, &c. A servant girl who was burnt, though not very seriously, by carelessly filling a lighted lamp with coal oil, sustained a severe shock, from which she reacted only to lapse into a state of hysteric convulsions, in which she continued at fitful intervals, until *nux vom.* relieved her effectually, and recovery rapidly ensued. A small child was scalded by hot coffee, spilled on his neck and breast. Here also convulsions ensued, a day after the accident, but it was quickly relieved by *chamom.*

I have always found it advisable to administer the same remedy internally which I applied externally, using

the mother tincture, or a low solution, as before stated, for the external appliance, and the 30th potency internally. Indeed, to use one remedy, as, for instance, *urtica urens*, universally for external application, and then to give another remedy, of a different nature, internally, must seem irrational at the first blush to every homœopathically trained mind. It would be equal to a compound allopathic prescription. If it be asked, why use the internal remedy at all? or, using that, why the external? I answer, that it is necessary to make *some* external application, to exclude the atmosphere from the injured surface, and being necessary, it is, of course, best to apply the remedy which is indicated, in preference to any other; but as the power for absorption of that part of the skin which is burnt is probably modified or impaired, or perhaps altogether neutralized, it is likewise best not to depend upon that mode of administration of any remedy alone, but for assurance sake, to give it also in the usual way, upon the tongue, where the absorbents are uninjured and normal.

As to the second and third causes which tend to shorten the lives of coal miners, namely, diseases arising from impure air, and from exposure to wetness, there is, perhaps, nothing of a special nature in them to distinguish their character or influence from similar vicissitudes incident to laboring people elsewhere. As a rule, miners do not complain of the air they breathe during their underground labor; though now and then "foul air" is spoken of as distinguishing certain mines, or certain drifts in an otherwise purely ventilated mine. I have been a number of times in different mines myself for upwards of an hour at a time, without ever experiencing any discomfort in respiration; in fact, the air felt all that could be desired of it, balmy and pleasant, and free from all dankness or humidity; and this not only in the drifts and gangways, but in what are termed the breastworks also, where the immediate digging of the coal is carried on, and where

one would naturally expect to find a close, clammy or mouldering atmosphere, as in most newly dug cellars or vaults. The *temperature*, too, in a coal mine, not being affected by the outside atmospheric changes, remains summer and winter, pretty much always the same, at about 60° Fahrenheit; and it might be inferred, on hasty consideration, that this regularity and equanimity of temperature would contribute to the preservation of a healthy condition. But when we reflect that the men after working for ten or twelve hours in this evenly tempered air, must expose themselves, upon leaving the mine, to the vicissitudes of the weather outside during the balance of the twenty-four hours, it will be seen at once, that this very evenness of an influence that surrounds them so many consecutive hours, makes them all the more liable to take colds from the harsher and more variable impressions which diurnally succeed this influence. Thus catarrhal and rheumatic affections, of every grade and variety, are among the most numerous ailments with which miners are attacked. Moreover, however agreeable the atmosphere within the purest of coal mines may appear to us on first impression, or even with continuous exposure thereto for years in succession, I cannot conceive myself that it is entirely equal to the supra-mundane atmosphere outside of mines; that which the Creator designed for us to inhale. There is one element especially of which the mine atmosphere is doubtless deficient, namely, ozone; and although this is, so to say, the product of electricity, yet it is in all probability an advantage to the air given us to breathe, or else it is not likely that the element would exist at all. It is, besides, not improbable that other influences, entirely foreign to the outside air, and of peculiar qualifications, emanate from the mineral and earthy contiguity which characterizes the interior of a coal mine. As homœopaths who believe in the powers of subtile agents to produce diseases, as well as to cure them, we cannot fail



to believe also, that some such agents may possibly be evolved by digging within the bowels of the earth, as well as by the mutations that transpire upon its surface. After the memorable conflagration of the great Austrian quicksilver mine in Idria was extinguished by water, the mercury which was sublimated during that catastrophe occasioned the most dreadful diseases among nearly a thousand persons. It was a chemical laboratory on a fearful scale. The earth, air, fire, and water here commingled, as it were, in some diabolical conspiracy, and the winds wafted the seeds of death broadcast over the surrounding country. It was such a seething kettle of poison as it is to be hoped will never again disfigure the beautiful earth. But chemical action on a far less huge and turbulent scale may yet be capable of diffusing, though more slowly and in form more mild, the seeds of sickness in subterranean caverns. We have the insidious malaria of the vegetable kingdom, or, at least, arising from organic sources; why then may there not be engendered also some similar disturbing cause of health by the attrition and exposure to the air of inorganic matter?

In excavating the earth, we expose iron, and coal, and sulphur, and numerous other oxidizable substances; acids are engendered, gases evolved, and vapors arise from waters in which salts and alkalies are held in suspension. Surely from all this may originate an element capable of injuring health—an element that may be as difficult to detect by respiration and the senses as is that other element of disease, namely, the malaria. I firmly believe that such an atmospheric source of sickness exists in all mines; slow and stealthy it may be in its manifestations, but none the less certain, and that this atmospheric condition is diametrically opposite or antagonistic to malaria. This conviction was first suggested to me by the fact that I have never known coal miners, while engaged at work, to be attacked with fever and ague, even though this was prevalent in the region where they resided; whilst

the following circumstance did much towards confirming the same. A miner, a Welshman by birth, aged thirty years, of, as near as I could judge, bilious phlegmatic temperament, who said that he had never been sick before, had been out of employment two months, during which time he visited friends who lived at Northumberland, on the Susquehanna, where intermittent fever prevailed at the time. He was attacked with the fever, quotidian form, a month before I saw him; had taken quinine and many other remedies which only checked the disease temporarily. I had treated him ineffectually with homœopathic remedies some ten days, when it occurred to me to send him to work in the mines. He protested that he was not able to do so. I urged him to go into the mines anyhow, to take provisions with him, and not come out for several days. But here the uninitiated reader must be informed that this advice was not as cruel as it may seem to him, when he considers the pleasant temperature of the mine, the lights with which miners are supplied, the comfortable stalls with plenty of straw with which mines are generally provided, and the fact that he would have at least mules to keep him company, and that men frequently abide there over night. My patient took the advice given him, and a week afterward returned to tell me that he had had no relapse of the chills and fever since he entered the mine. He was in every respect perfectly restored. Now, when it is remembered that this patient had *removed himself from the cause of the disease*, which is generally the ultimatum and *dernier ressort* of allopathic treatment, was it not a remarkable case?

The fourth cause of mortality to the miner, that arising from disease contracted by the inhalation of coal-dust, is one of special and peculiar interest.

One of the diseases for which miners have most frequently consulted me for medical help is of an asthmatical character, complicated with bronchial mucous catarrh. So common is this affection that I have given it the name,

whereby it is hereabouts pretty generally known, of *miners' asthma*. Like common asthma, this also presents itself in every variety of form, from a mild degree, so as scarcely to interfere with the patient's daily occupation, to that of great and distressing severity. Some miners are afflicted for years with it, still going through their work, with exceptional periods of aggravation upon taking cold, or consequent upon sudden and severe changes in the weather. The miner engaged at his work in the breastwork of a mine, is sometimes confined to a very small space, being crouched or doubled up, with his chest bent forward, or lying on his back or side, while manipulating with his pick in detaching the coal. Long-continued habits of this kind must necessarily be followed by more or less constriction of the thorax, and accounts readily for the constraint in respiration which he so frequently experiences.

Very often, inflammation or pneumonia sets in, followed by very serious results, and not unfrequently by death. From a number of such cases recorded in my case-book, I will transcribe one here, hoping it may not prove unprofitable to the reader.

William Reese, a Welshman, aged about fifty years; worked in coal mines from the age of ten years until he was thirty-five, when he had become so "phthisicky" that he was obliged to leave off working in mines, and, being a zealous Christian, occupied himself as a colporteur and local preacher. Through working in very small places, in early youth, being almost constantly cramped up, his figure became stunted and somewhat hunch-backed. Eighteen months ago he sent for me to attend him. I found him in bed, where he said he had been for a month past. He had a very bad cough, hectic fever, night-sweats, diarrhœa, and expectorated daily at least a pint of matter, which was entirely as black as charcoal. I dwell upon this black expectoration, for it is the interesting feature of the case. The patient said that he could not account for the continued presence of this color in his



sputa ; that it had been just as I saw it then during the month past, and, in less quantity, but just as black, during many months even before that ; yet *he had not been inside of a mine for fourteen years!* The case was clear enough ; there were one or more abscesses in the lungs ; a diagnosis amply confirmed by auscultation. The question still left open was, whether the expectoration was of a tuberculous nature, or simply the result of healthy inflammation. I took some home with me to examine under the microscope. The result of this examination was, however, unsatisfactory in solving this question ; for the particles of coal-dust were so prominent as to throw all other appearances entirely in the background. I could see neither cells, pus-corpuscles, nor anything but (under the magnifying lens) innumerable coals, huddled together and piled upon each other, the smallest appearing the size of peas, and some straggling large ones, like chestnuts. It was frightful to look at, and think that the man's lungs were filled with such material. On putting a small portion of the expectoration in the palm of my hand, and stroking the palm of my finger through it, I could distinctly feel a slight sandy sensation of roughness.

What was I to give this man ? What pathogenesis among homœopathic remedies includes coal-dirt in a patient's lungs ? Of course, there was inflammation with its concomitant symptoms to guide and direct me ; but the symptoms were caused by a foreign irritant, which I could neither scoop out nor extract. The thought struck me, was not nature scooping it out ; and might not a properly selected remedy sustain nature, and keep the inflammation in bounds while this process of cleansing continued ? What then were the symptoms ? There was a great deal of cough, sometimes easy and loose, especially in the morning, at other times hard and cavernous ; expectoration as before mentioned, which sometimes excited vomiting ; great thirst, and burning in the throat, stomach, and œsophagus ; pain in the chest, moving about

from side to side; almost constant diarrhœa, of serous, sometimes bilious, and even bloody-looking discharges; countenance flushed in the afternoon and evening; eyes puffed up and blurred; skin hot and dry in the afternoon, clammy, with profuse perspiration at night, cold in the forenoon; frequent attacks of headache; palpitation of the heart; great restlessness, peevishness, sleeplessness; appetite very poor and capricious; pulse ranging from 100 to 130 per minute; extreme debility.

Such, in the main, were the symptoms of my patient, and in the whole *Materia Medica* I could think of no remedy so clearly indicated as *Arsenicum*. As I had moreover had a very gratifying experience with this remedy, with quite a number of cases of incipient phthisis, I at once resolved to give it.

This experience with the remedy in these affections had been not so much with *Arsen. album* as with the *Arseniate of Soda*, of which I carefully prepared the third centesimal trituration. Of this a dose was directed to be taken three times a day, straight along, for an indefinite period of time.

Days and weeks passed without any perceptible change; but the patient did not appear to get worse; so the remedy was continued. Still the black expectoration, no less than a pint every day, kept on for about a month. I then resolved upon giving mornings and evenings a dose of *Opium* 30, still continuing the other remedy as before. A week subsequent to the beginning of this additional treatment slight evidences of improvement manifested themselves. The expectoration was not quite as copious, but unchanged in color, and the diarrhœa was also somewhat abated. From this time forward, under the administration of these two remedies, without any change during the whole time of the treatment, the patient gradually, slowly, but regularly improved, until three months after, when he pronounced himself in better health than he had been for fifteen years. There still was some slight expectoration,

tinged at times with more or less dark streaks; there was also remaining a degree of his previous asthmatic difficulty; but this was greatly improved. At this present writing, a year and a half having elapsed since the sickness here narrated took place, he is still in fully as good health as he has enjoyed at any time in latter years.

What is the lesson to be learned from this case?

1st. That coal dust may be inhaled, lodged in the substance of the lungs (as bullets, needles, &c., are sometimes lodged and retained in other parts of the body), and remain there apparently harmless, until some other exciting cause induces inflammation; and, 2d, a gratifying illustration of the propriety of persevering with any treatment that may be clearly indicated, without losing heart too soon upon witnessing no immediate beneficial results. I may say, too, that in all my life I never witnessed an instance of more tenacious vitality, or a more remarkable recovery.

My father, Dr. C. Haeseler, and Dr. F. W. Boyer, who both saw the case soon after coming into my care, had not the remotest idea, any more than myself, that the patient could possibly recover.

Another case, in most respects similar to the one just described, occurred within the past few months; the patient, also a miner, who, however, had been working up to the time of his taking sick, resided in St. Clair. This patient died, and a post-mortem examination disclosed a remarkable state of the lungs. Aside from the vomicæ, of which there were quite a number of various dimensions, the portions of the lungs which still remained intact of the disease appeared as it were amalgamated with quantities of coal-dust. In cutting through these portions with the scalpel, a gritting sound was emitted, and the edge of the instrument turned, as one might expect upon cutting through any sandy substance. In one place was found a dense conglomeration of coal and lung substance about two-thirds of a cubic inch in size, appearing almost



like a large calculus, as found in the bladder; in fact a piece of *petrified lung*, that could not be cut with the scalpel at all, but broke with a vitreous fracture under the blow of a hammer. This post-mortem examination was not conducted by myself, but by a medical friend, whose only fault is, that he is still an allopath, yet of exalted scientific attainments, and of the most scrupulous professional integrity.

Such, then, are some of the penalties of a miner's life, and of which the millions to whom the glowing anthracite from their furnaces and parlor grates contributes such material comfort, have, it is feared, but a very slender appreciation.

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## FACTS AND THEORIES OF HOMŒOPATHY, IV.

BY JACOB JEANES, M.D.

### *The Wirkungsdauer, (2.)*

(Read before the Philadelphia County Homœopathic Medical Society,  
December 8th, 1870.)

ARE the processes which follow the impressions of pathogenetic agents of fixed and determinate duration?

Pathology must supply the information which is requisite for answering this question; and, happily, the Science of Disease has attained sufficient development for this purpose.

As in Astronomy the first observations were that the sun was given to rule the day, and the moon and stars to rule the night; so, in Pathology, the earliest knowledge was that of disease as a condition apparently the opposite of health. And as in astronomy the continuous observations of its votaries through the ages, at length enabled them to predict the time and to mark in advance the paths of eclipses; to determine the exact length of the tropical year, and thus give date to the seasons; so in

pathology the observations of physicians, which have been preserved by record and tradition, enable the pathologist to distinguish diseases, and to prognosticate with certainty the courses, durations, and consequences of many of them.

But Diagnosis and Prognosis would be only vain attainments if it were not for the aid which they afford to Therapeutics, which is the twin science of Pathology. For without a science of disease there could only be a random employment of means intended to be remedial; and without a science of remedial means, pathology would be an aimless, useless, and barren study.

The vast amount of knowledge of important facts accumulated in these sciences, shows the ignorance and presumption of those who say "there is no Science of Medicine." It may be imperfect; but if perfection is requisite to the existence of a science, then is there no science among men.

Among the facts recognized by pathology is that of the existence of a class of pathogenetic powers, which may be termed self-reproducing agents, because they are reproduced in the organisms which labor under their effective impressions, and from thence act upon other organisms.

Some of these agents operate from affected upon unaffected organisms, even when a distance of many feet intervenes them. Others act upon superficial contact, or may require the intimate contact of inoculation through wounds or abrasions. The agents which can operate without contact are infections, and those which produce effective impressions only by contact or inoculation, are contagions.

The infections, of which Rubeolin and Variolin are examples, induce processes of definite duration, but only after the first effective impression. The duration of the processes after subsequent effective impressions, which comparatively seldom occur, is uncertain, and generally

shorter than after the first. The infections thus cause acute diseases which must disappear in certain times. The contagions, of which Psorin and Syphilin are examples, produce chronic diseases, which, having no law of limitation, are necessarily of indefinite and generally protracted duration, and only disappear under the alterative effects of other pathogenetic agents.

But as in the division of any class of objects in nature, the dividing line will always appear to cut through some of them; so in the division of the self-reproducing agents into infections and contagions we find Variolin operating through inoculation as well as by infection, and Vaccinin, which is not infectious, obeying the laws of the infections; for like them it produces a disease, which has its definite periods of incubation and febrile excitement, whilst its areola appears at a fixed time. And in this disease Vaccinia has a consequence which is common to the diseases induced by the infections, namely, an immunity, as a general rule, against a repetition of the same disorder.

This classification is useful, inasmuch as it brings forcibly before our minds the fact, that "the processes which follow the effective impressions of some agents are of fixed and determinate duration; whilst those which succeed upon the impressions of some other agents continue indefinitely. It is to the agents of the former class that our attention should now be directed, because the present study of the *Wirkungsdauer* of pathogenetic agents is as much in the interests of Therapeutics as of Pathology, and the infections being under laws which limit the duration of the diseases which they induce, are in possession of a property which appears to be essential to curative agents. And, in fact, notwithstanding the severity of the diseases which they induce, these often cause the disappearance and cure of pre-existing disorders.

The therapeutic value of the infections in the hands of the physician are exceedingly limited (except in the employment of Vaccinin for the prevention of Variola), be-



cause their effective impression can be made only once in a lifetime, and also that the diseases consequent upon them are generally distressing, and frequently fatal. As employed by nature they are probably of vast importance in the removal of latent derangements, which might become injurious to individuals or detrimental to the race.

As the term effective impression has just been used, a reason should be given for its employment, and this will be found in the necessity which exists for distinguishing those impressions which actually induce the disease peculiar to the infection, from other impressions of the same agent which do not induce it.

It often happens that a person is subjected to the emanations from the bodies of others who are laboring under an infectious disease, and yet the pathogenetic agent which is intimately associated with these emanations makes no effective impression. The condition of the system which causes this insusceptibility may continue only a short time, or may endure for years, and occasions difficulty in ascertaining the precise moment of effective impression. In consequence of this, physicians do not agree exactly in regard to the duration of the period of incubation in any infectious disease, although it is a stage in all, and comprises the time which elapses between the moment of infection and that of the evolution of perceptible symptoms of disorder.

The period of incubation differs in the different infections. In scarlatina it is about five days, in rubeola about nine days, in variola from infection it is ten days, but in variola from inoculation it is only eight days. The abbreviation of the period of incubation by the substitution of inoculation for infection is the only known instance of the shortening of this period in a first attack. The prolongation of this period sometimes occurs from the concurrence of other infectious diseases. Thus the course of variola has been suspended by the interference of rubeola. And, it is a fact of the highest interest,

that even late in its incubation, variola may be substituted by vaccinia through the means of vaccination. The following case, which occurred in my practice many years since, seems to show that it may likewise be suspended by this means. A child aged two years was vaccinated for the first time, on the occurrence of varioloid in the family. The vacinin took effect, the vesicle was promptly developed, and on the ninth day a perfect areola appeared. Two days afterwards there was a variculous eruption so copious as to be almost confluent. The disease nearly fulfilled the course of unmodified small-pox. A careful retrospect of the circumstances led to the judgment that a case of disease which had happened in the family nine or ten days before the vaccination of the child was a case of varioloid, and that the effective impression of variolin must have been from that case. The infant must then have been vaccinated just before the time for the access of the eruptive fever of variola, which the vaccinia must have postponed until the completion of its own course. It may be suggested as more probable that the infant received the effective impression of variolin from those of the family in whom the eruption of varioloid appeared on the same day on which it was vaccinated, and therefore this case, instead of being an instance of the prolongation of incubation of variola, was one in which vaccinia and variola advanced nearly *pari passu*. But this view is at variance with the fact observed by many physicians, that few if any persons who have been vaccinated or revaccinated soon after exposure to variolin have experienced its effective impression, and that vaccinia often completely substitutes variola even when employed several days after the probable effective impression of variolin.

The term unmodified small-pox has just been employed, and it deserves explanation, not only because it is desirable to know in what sense it is here used, but also, because it has reference to forms of variola in which,

although neither the stage of incubation or that of febrile excitement is materially shortened, yet those of eruption, maturation and desiccation are very much abbreviated. These are the cases of variolous diseases which occur after previous variola or vaccinia, and which receive the appellation of varioloid, instead of the more appropriate name of modified variola.

For, although it is true as a general rule, that one attack of an infection confers an immunity from future attacks, yet it has its exceptions, as also has the general rule that vaccinia confers perfect immunity from variola. But the wonderful modifications which occur in these exceptions, together with their generally lessened severity, may be said almost to confirm the rule.

After Rubeola, a second attack is quite infrequent, and even when it does take place, the cough, which is a very distressing symptom in first attack, is often absent, and we have a rubeola sine catarrho. Second attacks of pertussis and of varicella are also rare. Those of scarlatina are more frequent. Revaccination also gives us frequently reimpressions of vaccinin, but the disease is almost always greatly modified. In most cases of revaccination there is a slight irritation about the point operated upon, such as ought to be expected from the wounding of the skin, and which disappears in two or three days. But in some cases where there appears to be a slight renewal of susceptibility, a conical elevation occurs, often papular in appearance, and which leaves by the fifth day. When on the summit of the conical elevation, which does not appertain to primary vaccinia, a vesicle occurs, the disease resembles somewhat more a primary vaccinia, and may advance to the sixth, seventh, or eighth day, when an extensive, deep-red efflorescence of an oval form appears. The sufferings and danger in some of these cases are much greater than in any case of primary vaccinia. These occurrences mark a partially regained susceptibility, both to vaccinia and variola, which



the modified disease appears again to annihilate, as an attack of varioloid appears to overcome any renewed susceptibility to variola.

In view of these facts we must consider the duration of an infectious disease as dependent upon a certain condition of the organism, and not upon a property inherent in the agent which induces it. The spark which expires in the ignition of a fuse cannot be the regulator of its combustion, or of the consequences, whether these may be the sudden explosion of a magazine, or the slowly repeated discharges of a Roman candle.

The same judgment may be pronounced more emphatically in regard to agents which are not self-reproducing, and whose effective impressions may be often renewed by repetitions of exposure to their influences. And this is a matter well worthy of serious investigation, because it is eminently practical. It may aid in solving many of the problems of repetition of doses, and of variations and alternations of medicines. And it will not be surprising if many physicians who at present consider every medicine as possessing a nearly definite Wirkungsdauer, should, from a change of opinion in this respect, find cause of rejoicing, inasmuch as their practical necessities would no longer be in conflict with their theoretic views.

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## FORMICA AS A MEDICINE.

BY C. HERING, M.D.

IN the year 1851, it was confirmed that the poison of the honey-bee contained no *formic acid*. See *Amerikanische Arzneiprüfungen*, p. 196. That both were identical was a mere supposition of Meckel's, and an impudent assertion of Wills's; and, although the strict chemical proof was published as early as 1853, we still find the same erroneous assertion in Hasselt, and even in the Husemannian

edition of the same work, and no one has so far been instigated to make the simple experiments.

After the poison of the honey-bee had been thoroughly examined, and the great labor was rewarded by so brilliant a result, attention was naturally called to the formica, a near relative of the honey-bee.

The work was immediately begun. To a follower of Schönlein the observation must perforce occur, that, as *Apis* corresponds to the whole family of erysipelatous diseases, so must *Formica* be correspondent to all rheumatic diseases, and as *apis* is one of the greatest eye medicines, so formica promises to become one of the greatest remedies for the ear. The provings very soon made known to us, in what particular cases or diseases the *Formica* must be a remedy.

One of the best preparations for proving, also as a remedy, is *Spiritus formicarum*. We availed ourselves of a preparation distilled in Germany from crushed ants, the *Formica rufa*. It had, besides the agreeable ethereal odor, a separate smell, almost reminding one of putrescence. Some time later, a collection was made in this country of the large ants, the *Formica sericea*, Gray, and put in alcohol. This tincture was proved by the American students.

Dr. Lippe had proved (Feb. 28, 1857) Jenichen's preparation of *Formica rufa* 200, on himself, and his symptoms corresponded remarkably with those of the above-mentioned provers, which were to him unknown. He now undertook the direction of provings of the tincture of *F. sericea*, and received twelve valuable reports.

The symptoms of *Formica* were intended for the second volume of *Amerikanische Arzneiprüfungen*, which did not appear on account of the publisher's death. After some time, the papers on *Formica* were again brought out for the purpose of elaborating and printing in English. They disappeared, however, from the writer's table; whether they were put with other manuscripts on one of the

shelves, into one of the numerous pasteboard boxes, or whether they were purloined, remained for a long time a mystery. At all events, they had disappeared from the box which, besides *Formica*, contained papers on *Urtica urens*, poisonings from caterpillars, and extracts on Baunscheidtismus, and after a long search *Formica* was placed on the list of "*lost things*." On the morning of Thanksgiving Day, Nov. 24, 1870, a day after the celebration of the "silver wedding" of the writer, while engaged in assorting some manuscripts, he discovered the long lost *Formica* hidden between the "*Right and Left Sides*." Not a single slip was missing!

The entire collection of symptoms will be printed in due course of time; in the meantime the annexed key may be of use in giving hints for its administration.

*Affections of the spinal cord. Paralysis.* Spasms, as in old school for more than a thousand years, with modalities as here given.

*Rheumatism* appearing suddenly, mostly in the joints, with the character of restlessness; the patients desire motion, although it makes pain more acute.

*Pressure relieves the pain.*

*Sweat without amelioration.*

The pains begin with the provers on the left side and then go towards the right; when the reverse is the case with the sick, first right, then left, it acts deeper and more lasting, especially if given in a higher potency. The right side is principally and more severely affected than the left.

*Eye diseases*, especially the so-called *rheumatic inflammation of the eye* with their sequelæ, but still more in *difficulties of hearing* and many diseases of the ear.

*Lack of milk with nursing women.*

*Seminal emissions.*

The predominant time of day is from 2 to 4 P.M.

*The burning pains are renewed by washing with cold water.*

*Consequences of cold and wet, cold bath, or damp weather.*



It often helped where Chamomilla only ameliorated and where Belladonna did not agree. *Formica*, therefore, like *Apis* belongs to the class of *acids with ethereal oils*, to which the aromatics are complementary. *Formica* seems to be as great an enemy to the narcotics as *Apis* is to the acrids (*Rhus*).

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## KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 226.)

### *Chamomilla.*

WE should always think of this remedy when we witness in any one *excessive* sensibility to pain, so that complaint is made of the most trifling ailments ; and there is nothing more positively contra-indicates Chamomilla than the bearing of suffering with calmness and composure.

The *mental* symptoms are often of great value in delineating the use of Cham. There is a peculiar *anguish*, as though the suffering could not be borne, and the patient seems to want to get away from himself ; he wants to go away and be alone, meaning to get away from the suffering, which is not possible. In physical disturbances resulting from *violent mental emotions*, such as anger, mortification, jealousy, &c., Cham. should likewise be thought of, as well as in the sufferings of infants whose nurses are overcome by such mental disturbances. *Weeping of children*, wanting a variety of things and spitefully refusing them so soon as offered ; or, the children cry spitefully about the least trifle or imaginary offence. After being vexed, one seems unable to get over it, in spite of the better judgment, talks and frets about the grievance, and remains angry until Chamomilla settles the difficulty. The child must be carried about in order to be appeased, and this carrying about really seems to mitigate its sufferings. When sick persons answer questions in a quick

and irritable manner, or are given to vexed and irritable moods, always think of *Chamomilla* as a possible remedy.

*Vertigo*, when rising from a recumbent posture. Dulness of comprehension; he does not seem to understand; appears as if deaf or in a dreamy state. *Vertigo*, with sensation as though one would faint.

*Headache*, of which one is conscious during sleep; after waking and rising in the morning it passes off. Headache with a sensation as if a lump were falling forwards in the head, when sitting up or turning in bed. Lancinating pain in the forehead extending into the chest. Headache, and perhaps catarrhal symptoms, from suppressed perspiration.

The *eyes* of new-born infants are sore and inflamed from cold. Ecchymosis of or bleeding from the eyes; twitchings and spasmodic closing of the lids. By candle or gaslight, luminous rays seen to extend from the eyes to the light.

The *ears* are excessively painful, from a cold, with sensation as if one could not bear the pain, with anguish; the parotid gland is swollen and inflamed.

The *nose* bleeds profusely, with an irritable, snappish state of mind.

*Face red and hot*, particularly the cheeks; sometimes one cheek is red and hot, the other being pale and cold. While observing the face attentively its color is seen to change frequently. Swelling of one cheek, which is hard and of a bluish-redness, with much pain. "Convulsive movements and twitchings of the facial muscles and lips." Rhagades or ulcerations of the lips, which are parched and dry.

The *mouth* emits a putrid odor, particularly after dinner. Lancinating *toothache*, spreading to all the teeth and into the ear; aggravated by rest, improved by rising and by cold water; the pain is *terrible*, and sometimes the gums and face are much swollen, and the pains, of various kinds, are unendurable.

*Very painful dentition*, with appropriate collateral symptoms. "Red tongue, fissured." "Stinging vesicles on and under the tongue." Aphthæ in the mouth, with irritable temper. Toothache aggravated by either warm or cold drinks, or by getting warm in bed. Does not know which tooth aches.

*Sore throat* with swelling of the parotid and submaxillary glands, and sometimes of the tonsils, with a dark redness, *deglutition* being excessively painful. Burning heat in the œsophagus, extending both ways, to the stomach and to the mouth.

The *taste* in the mouth is bitter early in the morning. Bread has a sour taste, every other article of food tasting like old, rancid grease or butter.

*Appetite* is usually wanting or unnaturally good in the evening. *Eructations* sour and often painful. After a meal repletion, lasting till next day. Inclination to vomit after breakfast, for a long time. After a meal, pain in the back, which after a while extends into the abdomen. Inclination to vomit, with a sensation as if one would faint. *Vomiting* of yellow bile, particularly in children, early in the morning. Vomiting of food, preceded by a sensation of fulness in the abdomen, then intolerable nausea and vomiting. Heat and sweat of face after eating or drinking. *Gastric or bilious conditions*, excited by violent mental emotions, or other causes; when there are terrible headache, *red* and *hot face*, violent thirst, bitter eructations, anguish, &c.

Aching, pressing pain in the *stomach*, as if a stone had got into it, with shortness of breath and *anguish*. Pain in the stomach which seems to press or to rise upwards into the chest, causing shortness of breath and anguish. Spasms of the stomach after eating, with restlessness, tossing about, and anguish.

The *abdomen* is racked with *flatulent colic*; *flatulence* moving violently hither and thither, threatening to pierce the abdominal walls, and finally subsides by making an



attempt at the abdominal rings; a small quantity of flatus being emitted per anum. Intolerable colic every morning at sunrise; sensation as if the whole abdomen were hollow, with continual motion in the bowels, and anxiety. Tearing *colic*, in one side of the abdomen, with a sensation as if the parts were rolled up into a ball. "Pressing towards the abdominal rings as if hernia would protrude." *Hepatitis* from violent mental emotions. *Jaundice* from the same cause, with ill humor and irritability. Abdominal suffering of pregnant, lying-in and nursing women. Flatulent colic, the pain being *cutting* and *burning*, extending from the *stomach* to the *abdomen*, with *short breath* and *pale face*.

*Stool* passes with difficulty, as from inactivity of the rectum, requiring much effort of the abdominal muscles. Undigested stools of a whitish color and having an offensive odor. *Hot, diarrhæic stool*, having the odor of decayed eggs. Green, watery *diarrhæa*, with more or less mucus intermixed. Nightly *diarrhæa*, with colic, which obliges the patient to bend double. Stools consisting of white mucus or of matter resembling chopped eggs. White and yellow stools are often voided with violence, accompanied with flatulency. Eating often causes a sensation of fulness in the abdomen going off in a *diarrhæa*. Den-tition and violent emotions of mind cause various forms of *diarrhæa*. Painful *diarrhæa* attending measles. Inflamed varices and ulcerated rhagades of the anus, which are very painful and tender. In *sporadic or Asiatic cholera*, the tongue being coated with mucus, colic in the umbilical region, oppression of the stomach, with great anguish; or when there is nausea with faintness, vomiting and green watery *diarrhæa* and colic.

Ineffectual urging to *urinate*, with anguish during the flow. Yellow *urine*, or with flocculent sediment. Nocturnal involuntary *seminal emissions*. Itching, stinging pain in the margin of the prepuce with soreness.

*Yellow, corrosive leucorrhæa*. *Labor-like pains*, as in

threatened abortion, or otherwise, with *frequent and abundant discharge of colorless urine*. Premonitory of the menses, *cutting colic*, and *drawing in the thighs*. Labor-like pains and *tearing down the legs*, with *frequent discharges of coagulated blood*. Pain from the small of the back into the uterus, with discharge of coagulated blood. (*Sabina* has pain from the sacrum to the uterus.) *Metrorrhagia*, or *menstrual derangements*, developing a headstrong, quarrelsome state of mind. Menses suppressed ; stomach distended and distressed ; abdomen swollen ; labor-like pains and anasæra. "Abdominal spasms of pregnant and nursing women." Violent after-pains, so distressing that one can hardly endure them, or wishes to get away from them. *Hemorrhage* after delivery, of dark and clotted blood, with thirst ; wishes for more air ; is restless, and speaks spitefully. *Puerperal fever*, particularly if induced by violent mental emotions, or if she be in a quarrelsome, headstrong condition of mind. *Milk fever* or suppression of milk, particularly if the mental symptoms correspond.

Chamomilla is one of the most useful remedies for infants, when their cries, colic, diarrhœa, soreness or hardened breasts indicate it, as when they are so sensitive they can hardly bear to be touched, and they cry readily. Indurated and painful *mamma*, painful to the touch. Very tender sore nipples. "Scirrhus indurations." Furious labor-like pains from the small of the back into the thighs, causing lameness.

In parturition, when the contractions are very irregular, sometimes actually forcing upwards instead of downwards, and always when so distressing that the patient screams violently and calls anxiously and furiously for help, *Cham.* is the help needed. In using this remedy we must study closely the mental symptoms.

The *larynx* and *trachea* become affected with catarrhal hoarseness, with dryness in the eyelids. *Hoarseness* and *cough* from rattling of mucus in the trachea ; the place

from which the mucus becomes detached feels sore. Cough from dentition. Catarrhal cough after measles.

Burning sensation in the chest, with dulness and confusion of the head, and anxiety. Oppression of the chest as from incarcerated flatulence in the epigastrium, or from something pressing upwards against the diaphragm, with pain in the stomach, and afterwards burning pain in the spine. Constriction in the upper part of the chest, with soreness on coughing. *Suffocative feeling in the pit of the throat, with constant desire to cough. Violent stitches in the chest, in different directions. Croupy cough and great difficulty in breathing*, as in croup, temporarily relieved by being carried about in the arms. Furious labor-like pains.

The *upper extremities*, from sympathy, take on a sort of powerlessness; when seizing anything with the hand the arm feels stiff, as if it would go to sleep, and the article falls, particularly during pregnancy. Cold hands with cold sweat in their palms, the body being naturally warm. "Convulsive twitching of the fingers."

The *lower extremities* are unquestionably afflicted with tearing pains from above downwards; from the back and uterus. Pain in the lower extremities at night, with constant inclination to move them; relieved by the application of warmth. When lying in bed, one is afraid to extend the limbs, from violent cramps in the calves; which, however, is relieved by drawing them up again. With the pains of *Cham.*, there is very often a paralytic sensation, or a sensation of numbness. Cramping of the toes, or a sensation as if they would become curved and numb.

*Sleep* is often procured at night when one is very wakeful and in a cheerful merry mood, yet yawning and restless. The voices of absent persons are heard in imagination at night. Moaning, weeping, and howling during sleep, with restlessness. Starting, jumping, and often sudden cries during sleep. One feels great anguish in bed, which is relieved on getting out of bed.



*Fever* is often characterized by heat and coldness in distinct and separate parts of the body at the same time. For instance, icy coldness of the cheeks, hands, and feet, with burning heat of the forehead, neck, and chest. Coldness of the whole body with burning heat in the face. Cold limbs, with burning heat in the face and eyes, and hot breath. *Internal* or *external* heat with *shuddering*. *Glowing red cheeks*, with thirst and moaning. Fever, with one red and hot cheek, the other being pale and cold. *Puerperal fever*, with nervous irritation, vanishing of milk, milk-like diarrhœa, excessive lochia, labor-like pains from small of back to the front of the abdomen, headache, and oppressed breathing. Fever characterized by a sort of deafness, sounds being indistinct, and seeming to come from a great distance. Mental irritability in nearly all fevers.

The *skin* is more or less covered with clusters of red pimples, itching particularly at night. *Rash* of infants and nursing women. Every injury of the skin becomes sore and ulcerates, is very sensitive to the touch, and may become very painful, particularly at night. A current of air is scarcely endurable, causing pain and suffering of various kinds.

*Convulsions of children*, both legs being moved alternately up and down, distorts the eyes and facial muscles; on being observed closely, the countenance is seen to change frequently. *Cataleptic spasms*, with deathly expressions, half closed eyes, and cold extremities. "Epileptic spasms, with foam at the mouth, with colic before and stupor after the attack."

Chamomilla has a very wide range of action, and shows a wonderful efficiency of curative power in the very highest dilutions. Proof of this last assertion, in the most guarded experimentation, is worth more than all the assertions that can be made pro or con. None but the sick can fully realize its true value.

## CLINICAL CASES.

BY JAMES B. BELL, M.D.

(Read before the Central Hom. Med. Assoc. of Maine.)

RATHER than appear before you empty-handed, I have hastily gathered a few cases from my records. The only logical connection between them is that each illustrates and confirms three points of doctrine.

1. The homœopathic law. 2. The characteristic symptoms. 3. The infinitesimal dose. Many other cases on the record would have done just as well. These are taken only because they came first to hand, and also present a little variety.

CASE 1. *Chronic Dysentery*.—A. B., æt. 51, bilious temperament; had been sick with the present affection twenty years. It resulted, as he believed, from a blow upon the left side of the abdomen. During this time it had been better and worse, and sometimes had seemed nearly well. For some months he had been growing worse, and, during the last five weeks, very rapidly so. His allopathic attendant, who met me in consultation (the patient being a prominent man in the town where he lived, and his physician being, therefore, anxious to please him), had exhausted his anodynes and astringents, and advised the patient to make his will. The appearance of the patient justified his prognosis, as did also the symptoms.

*Stools* bloody; small white particles like opaque frog-spawn, mixed with brownish bloody fluid; very frequent; twenty-five to fifty in twenty-four hours.

*Before stool*, violent, uncontrollable urging; cannot retain the stool. *After stool*, relief. *Aggravations*. *Lying on the left side* (stools and other symptoms); *from warm food or drinks* (symptoms of stomach); lying on the back. *Ameliorations*. Lying on the right side. *After sleeping* (general condition). *From cold food or drinks* (all the symptoms). *Accompaniments*. Tongue dry, red, cracked; burn-

ing in the stomach ; distress in the stomach ; hot eructations like heartburn, all worse lying on the back or left side ; better by turning to the right side, when he spits up a little mucus. Occasional vomiting of food or mucus. Entire loss of appetite. Some desire for acids. *Intense thirst for very cold drinks.* Sleeplessness ; great debility.

All these symptoms are found under *Phosphorus*, and the most characteristic ones are found *only* there. After one dose of *Nux v.*<sup>300</sup> to antidote the drugs he had taken, *Phos. 2<sup>e</sup>* was given in water every three hours. As he resided some distance from me, I did not see him for three days, and then found all the symptoms much improved. The stools were partly fecal, and only eight to twelve in twenty-four hours. The thirst much less, and appetite improving. I gave no more medicine. Five days later there was no more blood, and ten days after that—eighteen days from the time the will was made—he was discharged cured.

CASE 2. *Vaginitis, &c.*—Mrs. C., age 27, mixed temperament. Had not been well since a fever two years ago, but has been much worse for six months. Miscarried about seven years ago. Had visited a prominent gynecologist in Boston, who diagnosed inflammation of the uterus and right ovary. She was, however, so disgusted with him and his treatment, that she would not go again.

Sensation of weakness in the abdomen, and bearing down low in the pelvis. Relieved by pressing up on the vulva, by lying down on the back with knees flexed, by walking ; worse from standing, reaching upward, riding, sitting long. Heat in the neck of the bladder during and after urination. Leucorrhœa, whitish or brownish, thick, quite profuse ; mostly during urination. Menses normal. The chief complaint on the part of herself and husband, however, was on account of the following symptoms :

*Great tenderness of the vulva and entrance of the vagina, and for some distance internally, causing extreme pain*



during sexual intercourse, and great repugnance to it. Other symptoms were, much lassitude and debility; mood depressed or indifferent; feels much worse in the morning and better in the afternoon. Aversion to cool air; appetite poor. Much dull headache; more in the morning. Alternation of constipation and diarrhœa. Much heat in the hands and feet, more towards night and after fatigue.

As the patient was living a very sedentary life, with rich and stimulating diet, she received *Nux vom.* 2°. This improved the general condition, and then, for want of a better remedy, I gave *Sepia.* 2°. Of all the remedies then known to me this suited best. Two weeks after this remedy the lady reported to me, by letter, from Brookline, Massachusetts, her residence, that, though feeling generally very well, "the local trouble is the same. I have suffered very much from a weak forcing across the lower part of the bowels, and there is *great tenderness and irritation in the extreme lower part of the vagina*, worse when passing urine. Leucorrhœa not constant, and at times nearly absent. Can walk a long distance with ease, but after sitting in the house all day feel much worse."

After considerable search I found the symptom in question, with some others belonging to the case, in the proving of *Coccus cacti*, in *Metcalfe's American Provings*. I gave *Cocc. c.* 30, one dose daily, for two weeks, when the report was that there was decided improvement. Under the use of *Sac. lac.* the improvement continued, and four weeks later she wrote, "I am nearly well, and am gaining very fast. Have gained seven pounds in five weeks. Dr. S.'s patients are miserable and discouraged. How thankful I am that I did not take treatment of him."

With some fluctuations and a repetition of the remedy, the case was entirely cured, with the exception of occasional leucorrhœa, accompanied by slight return of the weak feeling in the abdomen, but not of sufficient importance to cause her to continue the treatment longer.

CASE 3. *Asthenopia*.—Mrs. B., widow, age 32, has had trouble with the eyes several months. Has terribly abused them by sewing, writing, reading in bed.

Trouble began in right eye, which is worse than the other. Feels as though the socket were empty, as though there were no eye there, and as though a cool wind were blowing out of the empty socket. Severe pains around and back of the eye.

Itching back of the eye. Flashes of light when closing the eyes. Mist before the eye like a veil or cloud. Worse from strong light, either natural or artificial. Great aggravation from using the eye, causing intense headache over the eyes. Desire to spasmodically close the eyes, which gives relief. Menses regular, accompanied by severe bearing-down pain, and pain in the hips and back, with considerable sexual excitement. Platina 2°. This remedy was selected chiefly on account of the desire to spasmodically close the lids, which has seemed to be characteristic, and because a large number of the other symptoms also correspond. It had no positive effect, however. In three weeks she was no better, and had the following symptoms in addition: eyes feel swollen, and are swollen in the morning. Feels as though there would be constant lachrymation, but there is not. This led me to give *Crocus* 2°. In ten days more there was still no improvement, but there was now a new symptom revealed, which I believed to be truly characteristic, viz.: *Feeling of weight or heaviness of the upper lids, as though one could not raise them, worse in the morning*. Sepia 2° produced immediate and radical improvement, which continued about fifty days, when it became necessary to repeat it, and also again on account of renewed abuse of the eyes, thirty days later, when she got Sepia 6<sup>m</sup>. She now continued to improve during nine months, when the same symptoms returned, with some addition. Using the eyes causes nausea, heartburn, faintness at the stomach, causing a craving to eat between meals. The latter

symptom reminds us at once of *sulphur*, as well as the relapse. I thought it best, however, to give one dose of *Sepia* 6<sup>m</sup>, and seven days later one of *Sulph.* 6<sup>m</sup>, and this has completed the cure.

The sensation of a cold wind blowing out of the eye is very peculiar, but it belongs to eight remedies, to which we may now add *Sepia*.

CASE 4. *Chronic Cough*.—At the meeting of the *Maine Hom. Med. Soc.*, in 1868, Dr. Clark, of Portland, reported some interesting cases of croup cured by *Sanguinaria*, which he was led to select on account of the *whistling* character of the cough, or metallic sound, as though coughing through a metallic tube. I have had opportunity to confirm the same symptoms several times in chronic cough, of which the following case is an example. A gentleman about sixty years of age, of full habit, ruddy complexion, full chest, has been afflicted many years with shortness of breath and cough. When taking cold the distress becomes severe, and the attack resembles croup. It is worse in cold weather, and one winter was spent at the South. Being a man of wealth, he would have continued to go South each winter, but prefers now to take *Sang.* and remain at home. I do not know how better to describe the cough than to call it *wheezy-whistling*, beginning with a wheeze, and ending with a whistle. Worse at night, and when lying with the head low. *Sang* 2<sup>c</sup> gives immediate relief in every attack, and renders them less and less frequent.

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## CLINICAL CASES.

BY GEORGE W. PARKER, M.D.

### *Rheumatic Ischiatica—Arsenicum.*

MR. A., aged 50, weighs nearly 300 pounds; complained for years of pain in the left hip-joint extending down to the toes; so violent that he could scarcely walk at all,



and always had to stop in the street and press his hands on his hip in great agony; *the pain caused the greatest anguish and burned like fire* in the hip-joint, with tingling all the way down the leg. He said he had tried everything for it excepting homœopathic medicine. I was advised by an allopathic friend, that it was of no use trying to help him, as too many of *us* had had him already. I however gave *Ars. 2<sup>e</sup>*, with steady improvement for three or four weeks; and then, as improvement seemed to flag, I gave one dose of *Ars. 10<sup>m</sup>*, and the result was a perfect cure. He has had no pain in the hip-joint or leg for three months, and works all day in the navy yard.

#### *Kaolin in Croup.*

Was called to a little girl about 5 years old, who had the croup very badly. Having read of the virtues of Kaolin, and not recognizing symptoms of any particular remedy, I gave it empirically in the 3d dec. trit., and the first powder broke the attack, and the child vomited a quantity of thick ropy phlegm. I have tried it in a lighter case since with a like result.

#### *Asthma—Nux Vomica.*

Mrs. B., aged 65, has been troubled with asthma for a number of years. Has had very bad attacks and expected each one to be her last. On examination of her symptoms, I found: alternate constipation and diarrhœa; awakes at 4 or 5 o'clock in the morning and feels as if she could get up, but, instead, goes into a dreamy state, and cannot then get up even at the proper time. I gave her *Nux vom. 2<sup>e</sup>*, to take a dose whenever she felt as if it was needed, but directed her to allow each dose to act as long as it would. She took about a dozen doses in three weeks, and had no more asthmatic spells, except that in damp weather she feels a little "short breathed." She had always had homœopathic treatment, and most

likely had *Nux. vom.*, but the potency was not high enough, as she said she could "always taste the medicine."

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## SURGICAL CASE.

BY MALCOLM MACFARLAN, M.D.

### *Organic Stricture of the Urethra—External Perineal Urethrotomy—Recovery.*

A GENTLEMAN, aged about forty-two, apparently robust, consulted me in the early part of last summer for an organic stricture of the membranous portion of the urethra, of twenty years' duration, the sequence of badly treated gonorrhœa. He complained of intense and aching pains in the region of the kidneys, particularly the left; his urine was frequently thick, fetid, and deposited a slimy brown sediment on cooling, showing advanced renal disease; it often required an hour's time to empty the bladder, which was accompanied by symptoms of prostration; the urine, of course, passing guttatim. During the past few years he had palliative relief, and somewhat prevented the progress of the disease by the use of bougies, but as the calibre of the canal decreased, their use became gradually more painful, and was followed by free hemorrhage. Latterly it became impossible to introduce even the most delicate instrument, and a small conical instrument simply engaged itself in the callosities, but did not enter the bladder. This, after the reaction had subsided, was generally followed by some relief. He was then advised by his physician to have the stricture divided by Maisonneuve's instrument, which was done, but the shock and hemorrhage which followed very much endangered his life, and the after-treatment could not be conducted in a proper manner on account of extreme sensibility. The stricture became more dense, and when the incision healed it became impermeable to the most delicate instrument, used

with skill and patience. In this condition he presented himself, and during the next two or three weeks systematic attempts were made to introduce filiform rubber bougies to serve as guides for further treatment; finally, a No. 2 (French scale) was believed to have freely entered the bladder. Sir Henry Thompson's dilator, a late improvement on Holt's, was introduced, with blades closed, and with great difficulty its small bulbous extremity passed the stricture, which was dense and tortuous. The larger plunger was used for forcible dilatation. A No. 12 bougie could now be readily introduced into the bladder, but the hemorrhage and urethral fever which followed were of the most alarming character; during the night following rigors set in, followed by profuse perspiration and vomiting, the patient being at times delirious. Urine scanty and turbid, and symptoms of suppression supervened.

Stramonium at this time was given with the most beneficial effect. The results of the dilatation were not, however, satisfactory. The urine after a while ceased to flow freely, and suddenly indications of complete retention manifested themselves; dulness and fulness over the pubis, sweetish and offensive odor of the skin and breath; free perspiration, diarrhœa, bilious vomiting, coma, small pulse, and half-closed eyes. Believing that a free section of the membranous urethra by external incision was the only thing to save life, the urethra being now impermeable, Aug. 19th, patient being etherized, a No. 12 metallic bougie was then introduced down to the seat of stricture and held firmly, the thighs separated and retained by an assistant, as in lithotomy. The left index finger was introduced into the rectum to explore the prostate and relations. An incision about one and a quarter inches long was then made in the raphé, extending from the bulbous portion to the end of the bougie. The parts were carefully and frequently sponged, and the dissection continued, with the greatest care and patience, to



separate the urethra. Its distended portion, two or three lines in front of the prostate, was recognized, and a small puncture made, allowing a free flow of offensive muddy-looking urine. The bulbous end of a small probe was bent at nearly right angles to the shaft, and inserted into the puncture and pushed towards the bougie; the indurations were then freely divided by strokes of a small narrow bistoury, the incisions being continued well in towards and over the end of the bougie, which was easily pushed on into the bladder, and then withdrawn. The bladder was thoroughly cleansed, the bleeding controlled, and the patient put to bed. No instrument was allowed to remain to communicate with the bladder either through the section or the penis. The parts were constantly irrigated, and the urine continued to flow insensibly from the wound until the fourth day, when the patient passed some urine through the penis while straining at stool; after that the flow was increased, and at the end of the second week all the urine passed in a natural manner, and so freely as to astonish and delight the patient.

The patient's bowels were kept open twice or thrice a day by injections, which greatly relieved the pain and assisted the union of the parts, by preventing the contact of urine, voided more or less at every stool. Improvement was slow and gradual, and when the irritability had somewhat ceased, the systematic introduction of bougies was kept up. The perineal wound had entirely healed by the seventh week. I am now, Nov. 1, introducing with ease a No. 12 English conical metallic bougie every week, and the patient is walking about. He still complains of pains in his loins, and his urine occasionally is altered in its character, showing advanced renal disease, the secondary results of long-existing stricture; he is, however, improving under *Actæa rac.*, when the pains are great, accompanied with bloody urine, and Sulphur when the urine is scanty and offensive. The operation for the stricture and its relief was an entire success.

We beg leave to call the attention of our readers to the annexed circular, which is self-explanatory. While we do not indorse all the sentiments it contains, and do not believe that the *life* of homœopathy can be jeopardized by any legislative enactments in this country, we are yet of the opinion that if there is to be a National University, there should be a chair of homœopathy established therein; and we therefore trust homœopathic physicians will aid in accomplishing that result.

#### TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES.

A movement is on foot to establish a National University in the capital of the United States.

Already an association is formed, and a board of corporators selected, for the purpose of carrying out the enterprise, memorializing Congress, &c.

A National University on a large scale is much needed in this country, and it is highly probable that Congress will consider this subject favorably.

If successful, this institution will rival the Academy of Paris, and the other great universities of Europe.

The universities of Europe, endowed with public funds, are so powerful as to be able to baffle every effort of the homœopathic physicians to obtain their rights and privileges.

This National University will become our most formidable enemy. It will become an authority through whose powerful influence we will lose every prospect of public and legal recognition. Every public institution and the army and navy will be closed to us forever.

The cause which acts against a general adoption of homœopathy in Europe is the influence exercised by these Universities against our science; while in this country our people have been so far untrammelled by such authoritative institutions, homœopathy has been accepted on its own merits.

This is, therefore, a matter in which every homœopathic physician throughout the country is specially interested. Now or never, we must fight for the very life of homœopathy, while the matter is yet in its incipency.

When the bill for the establishment of this institution comes before Congress, we must be ready to claim recognition, and our claim must be urged and supported by every homœopathic physician and layman in the country.

We, therefore, recommend that all homœopathic societies and physicians take *immediate* measures to prepare petitions to Congress, asking the establishment of a chair of homœopathy in the said University, and that it should be a *sine qua non* to the granting of the charter.

These petitions should be signed by every homœopathic physician, and by thousands of citizens in every State, and sent to the President or Secretary of the *Washington Homœopathic Medical Society*, who will arrange them by States, and present them to the respective delegations to be by them offered to Congress.

The homœopathic physicians should also urge their respective members of Congress by letter to support the measure when it is under consideration.

Wherever it is practicable, meetings of societies should be *immediately* called to take action on this matter. The petition for the charter has been already presented to Congress, and no time must be lost.

Hoping that we will have the support and assistance of all the practitioners of homœopathy, we remain, most respectfully, T. S. Verdi, M.D., President, 1405 G Street, N. W. C. W. Sonnenschmidt, M.D., Secretary, 620 E Street, N. W. G. W. Pope, M.D., Treasurer. J. Brainerd, M.D., C. D. Winslow, M.D., J. R. Piper, M.D., E. S. Kimball, M.D., S. I. Groot, M.D., S. Edson, M.D. Washington, D. C., December 28, 1870.

## PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE sixth annual meeting of this Society will be held at Harrisburg, on February 1st and 2d next. This is in accordance with the new arrangement by which it is proposed to meet annually at the State capital, which is central and easy of access from all parts of the State.

Reports will be received from the Bureaus of *Materia Medica* and *Provings*, *Clinical Medicine* and *Zymoses*, *Surgery*, *Obstetrics* and *Diseases of Women and Children*, *History and Statistics*, &c. The annual address will be delivered on Wednesday evening, February 1st, at 7½ o'clock, by William C. Doane, M.D., of Williamsport.

A large attendance is expected, and, indeed, is very desirable. The Legislature will be in session at the time of the meeting, and it will be for the interests of the Society and of Homœopathy that a favorable impression should be created, as the attempt will be made to secure for our school the same favorable recognition bestowed upon it in the State of New York. Every homœopathic physician in the State should, if possible, attend this meeting; and, if not already a member of the State Society, at once connect himself with the organization. Physicians who are utterly unable to be present at the sessions, and wish to join the Society, should send an application for membership to the Recording Secretary, Bushrod W. James, M.D., 1821 Green Street, Philadelphia, or to the Editor of this Journal.



## NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

At the meeting of the New York County Homœopathic Medical Society, held December 14th, at the lecture room of the College, the following officers for the ensuing year were duly elected: Dr. Carrol Dunham, President; Dr. S. P. Burdick, Vice-President; Dr. H. M. Smith, Secretary; Dr. H. C. Houghton, Treasurer. Censors: Drs. H. M. Paine, S. Lilienthal, J. Dowling, T. F. Allen, and E. M. Kellogg.

As the New York State Society is a society composed of delegates from the county societies, who yearly elect sixteen delegates to permanent membership, it was proposed and carried, that our delegation be instructed to propose a diminution of the number, and that henceforth the election of any physician to permanent membership in the State Society should be only given as a mark of honor and distinction, similar to the plan adopted in European Academies.

To give the resolution practical value, the New York County Society proposed but one delegate for membership, although entitled to two.

In order to give to the monthly meetings of the County Society greater interest, it was also proposed and carried, to have the proceedings taken down verbatim by a stenographer, and if funds enough can be raised, to issue a monthly, containing the papers and debates, as the organ of the Society.

At a meeting of the Executive Committee of the *New York County Homœopathic Medical Society*, on the evening of Monday, December 19, 1870, all the members being present, it was

*Resolved*, That we receive with profound grief tidings of the decease of our friend and colleague, Dr. Walter Williamson, of Philadelphia.

One of the earliest American physicians to accept the doctrines and engage in the practice of homœopathy, Dr. Williamson was ever a staunch defender and a consistent and successful practitioner of the new method.

By his regular attendance at the meetings, and his ready and efficient participation in the labors of our national and local societies, and by his valuable publications in our journals, he contributed much to the advancement of medical science.

His capacity and faithfulness as a teacher secured the respect and gratitude of the large number of students who came under his influence during his long connection with the Homœopathic Medical College of Philadelphia.

His wisdom in counsel, and his genial readiness to lend assistance to his colleagues in all emergencies, won for him the confidence and the affectionate regard of the profession in his neighborhood and throughout the country.

We feel deeply the loss which our profession and the community have

sustained in his death, and to his colleagues in Philadelphia, and especially to his bereaved family, we offer our heartfelt sympathy.

CARROLL DUNHAM, M.D., *President.*

S. P. BURDICK, M.D., *Vice-President.*

H. M. SMITH, M.D., *Secretary.*

H. C. HOUGHTON, *Treasurer.*

H. D. PAINE, M.D.,

S. LILIENTHAL, M.D.,

J. W. DOWLING, M.D.,

E. M. KELLOGG, M.D.,

T. F. ALLEN, M.D., *Censors.*

Executive Committee New York County

Homœopathic Med. Society.

## COMMUNICATION.

WE insert the following communication by request:

EDITOR OF HAHNEMANNIAN MONTHLY.

DEAR SIR: I desire to state that Dr. O. P. Baer is quite mistaken in his supposition, that I had not read his article on Uterine Hemorrhage before replying to it. On the contrary, I read it very carefully, and have read it since his rejoinder to my criticism; and in view of this second reading, I stand ready to reaffirm that which I asserted in my paper, that there is a great want of the true spirit of Homœopathy in his method of procedure, as laid down in his paper.

Very truly yours,

HENRY N. GUERNSEY.

## EDITORIAL NOTES.

THE DEATH OF DR. WALTER WILLIAMSON.—The members of the homœopathic medical profession in Philadelphia, particularly those who knew nothing of his illness, were greatly shocked on the morning of December 19th last, on hearing the sad intelligence of the death of this distinguished physician; and our readers abroad, who knew him only in 'the full bloom of an unusually vigorous and active life, will be equally disturbed and pained at reading the words we have sorrowfully written at the commencement of this paragraph. He had been ailing from time to time prior to his final sickness, but watchful care and rest had enabled him to recuperate his wasted strength; and those who loved him hoped and believed that his restoration to perfect health was merely a question of time. After one of these premonitory attacks, he visited

the White Sulphur Springs of Western Virginia, where he spent some two or three weeks, and returned feeling very greatly benefited. To work for homœopathy, however, was part of his life, and his return to Philadelphia was almost simultaneous with his resumption of the work he delighted in. The preparation of a paper on the Rise and Progress of Homœopathy in Philadelphia and in Delaware County, Pennsylvania—the exacting labors incident to collecting and arranging materials for which doubtless aided in breaking him down—together with other literary work, again received his attention, at a time when he needed perfect rest; and, while the burden of his professional business was borne by his son and successor, Walter M. Williamson, M.D., his kindness of heart led him to visit an old friend and patient who lived some distance from his office, on a cold snowy day in the early part of the wintry season; and the exposure he was subjected to on that occasion doubtless assisted to bring about the sickness that resulted so disastrously for his family and his friends. Insidious typhoid was not long in establishing itself; and although he was faithfully attended by accomplished physicians, his strength wasted, he gradually sank and quietly died. The last interview we had with him was on Saturday evening, December 3d, at which time he thought himself feeling much better; and his cordial greeting, cheerful smile, and pleasant words on that occasion, we hope to keep ever with us in the green places of memory.

Thus passed away from this life a man than whom none was ever more beloved by those who knew him, or more sincerely mourned. His funeral was largely attended by members of the profession of this city and vicinity, by a delegation of physicians from New York, Drs. Carroll Dunham, T. F. Allen, and H. M. Smith, by the class of Hahnemann Medical College, and by his former lay friends and patients; and as each one of the latter passed through the familiar room, where lay all that was mortal of their good Doctor enshrouded for the tomb, and gazed upon his placid countenance, the tears that came freely and unbidden gave unmistakable evidence that his death had made a vacant place in their hearts.

There is no higher type of manhood than that Dr. Williamson exemplified. He was an educated Christian gentleman, who led a useful life and earned a peaceful death. We refrain from speaking of his life and labors on this occasion, inasmuch as a memorial of him is in course of preparation, which will be read before the Philadelphia Medical Society, of which he was President, and subsequently published in this Journal.

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AN IMPORTANT MATTER TO EVERY HOMŒOPATHIST.—A letter has been received from W. H. Watson, M.D., of Utica, New York, calling attention to a great outrage, alleged to have been recently perpetrated in the name of official authority, by the removal of Dr. Stillman Spooner, of Oneida, N. Y., from the office of Pension Surgeon, by Commissioner Van Aerman, on the ground “that all examining surgeons for the



bureau should belong to one school, and adopt but one theory of medicine," and that Dr. Spooner "did not belong to the school of medicine recognized by the bureau." Dr. Spooner has protested against the insult thus offered the large and influential body of homœopathic practitioners in the United States; but, if the facts are as alleged,—that Dr. Spooner was removed on the sole ground of being a homœopathic physician,—every homœopathic organization in the country should at once adopt resolutions to be transmitted to the President and Congress, denunciatory of this unjustifiable act, and demanding the removal of an officer who could thus prostitute his office to subserve sectarian interests. There is no law of Congress requiring that a pension surgeon should belong to any particular school, neither have we a state system of medicine, and the appointment of individuals to office in the interest of any particular sect, whether religious or medical, will not be for an instant tolerated by the American people, when the facts are once laid before them. We trust therefore that our medical societies and other organized bodies will take instant action in this matter.

**THE REMOVAL OF PROFESSOR HELMUTH.**—Professor William Tod Helmuth, formerly of St. Louis, has removed to New York, to take the chair of operative surgery in the New York Homœopathic College, and has established himself at No. 21 West 37th Street, where, we trust, he will meet the success his great abilities merit. His departure from St. Louis was the occasion of a grand banquet given in his honor by the most influential residents of that city. After the banquet, which was elegantly served, a magnificent service of solid silver was presented to Dr. Helmuth, each piece being marked with the monogram of the recipient, and the motto, "From his friends in St. Louis, December 13th, 1870."

Dr. Helmuth accepted the gift with appropriate and feeling remarks. Compliments like this are so seldom paid to medical men, that they become noteworthy.

**THE PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.**—We desire to call the attention of our Pennsylvania readers to our notice of the meeting of the Pennsylvania State Medical Society, which will be held in Harrisburg, February 1st and 2d. This meeting is a very important one, for many reasons, not the least of which is, that the State Society having united with the Philadelphia Medical Society in inviting the American Institute of Homœopathy to meet in Philadelphia, in June next, action should be taken at this Harrisburg meeting looking to a proper support of the dignity of the profession in the State, in giving an adequate reception to the Institute. Every physician in the State who can leave home at the time should attend this session of the State Society.

**A NEW YEAR'S GIFT.**—On New Year's eve we received from Messrs. Boericke & Tafel, together with the congratulations called forth by the season, a handsome rosewood box, containing one hundred of "Tafel's 1000th Potencies," prepared, as the card expressed it, "strictly according to the rules of Hahnemann." The efficacy of these potencies of

course remains to be tested, but we have no hesitation in declaring in advance, that we believe them to be thoroughly reliable, as we know that they were prepared with the greatest care. Of Tafel's 200ths we can speak more positively, having used them daily for a long time, always finding them reliable; and we may say the same of the few 500ths we have used. Indeed, we have already tested the 1000th potencies; for, on the evening of their arrival, a case of cough presented itself, showing plainly the characteristics of hyoseyamus, and the administration of a few pellets of that remedy, from the new box, was followed by an almost instantaneous and permanent cessation of the cough.

ROLLER BANDAGES FOR HOSPITALS AND SURGEONS.—We desire to call attention to a large lot of roller bandages, purchased from a United States Government sale by a well-known dry goods firm of this city, and for sale by Mr. A. J. Tafel, 48 North Ninth Street, Philadelphia. The bandages are of bleached and brown muslin, put up in paper boxes containing eight dozen each, of assorted sizes, ranging from one inch wide by one yard long to four inches wide by eight yards long, the whole being equal to thirty yards of thirty-six inch wide muslin. Mr. Tafel will forward by express, C. O. D., at three dollars per box of the above quantity, to any address. The bandages are in perfect order, and have been nicely rolled by machinery, and will be found by physicians to be "very handy to have in the house."

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE December meeting of the Society was held on the 8th inst., and was well attended.

In the absence of the President, detained by sickness, the chair was taken at eight o'clock by the Vice-President, O. B. Gause, M.D.

The minutes of the meetings held in October and November were read and approved.

Dr. H. N. GUERNSEY, Committee to report on the indorsement, by homœopathic physicians, of nostrums, quack mixtures, patent medicines, or bitters, submitted the following Report and Resolution:

MR. PRESIDENT AND FELLOW MEMBERS: The accompanying Report, with the Resolution annexed, is hereby submitted for your action.

H. N. GUERNSEY, *Committee.*

We have in Homœopathy a system of medicine which nearly all of us are ready to acknowledge is founded in eternal truth and built upon a law of Nature; and which, in its principles, is coextensive with disease and capable of curing, *cæteris paribus*, all diseases capable of being cured. Its operation is expressed by the formula, "*Similia similibus curantur.*"

Now, in accordance with a principle properly deduced from this law of cure, there is but one method of arriving at the *similia* in order that we may proceed to the *curantur*, and that is by making provings on the healthy in order to ascertain the effects of such articles as are supposed to possess curative powers.

The truth of the foregoing has been affirmed by our great representative body, the *American Institute of Homœopathy*, and will be assented to by nearly every one who claims to be a homœopathician; and yet how many are there who, while assenting to it in words, will deny it by their deeds.

Science and art *progress* only as their votaries adhere to their governing laws. Hard workers and close observers, by adhering to principles, develop a point here and a point there, which become available for all and in their turn serve as points of departure for pushing on to still further achievements. Experience has shown us that every worker, unless he duly observes and carefully applies the laws and principles governing the particular department of science in which he is engaged, not only fails to aid in its progress or make improvements, but brings his calling and in a measure his colleagues into disgrace, and his labor and influence is worse than lost.

In view of all *this*, we, as a body of homœopathic physicians assembled together for the purpose of "advancing Medical Science," greatly deplore the ill-advised action, recently brought to our notice, of certain members of the profession, who, in their private positions as homœopathic practitioners, and in their official capacities as professors in homœopathic medical colleges in the cities of Chicago and St. Louis, and consequently educators of the rising generation of homœopathists, have indorsed and approved by public handbill or circular, a certain nostrum known as the "Celebrated Home Stomach Bitters," a compound said to be made up of a great variety of ingredients, and recommended its use as a preventive and curative means, in opposition to homœopathy, and in *complete violation of every principle* underlying it as a science and art.

While, however, we can only regret and repudiate for ourselves this act, yet, as a Society composed of homœopathic physicians, we, for the government of our own membership in this matter, adopt the following resolution:

*Resolved*, That any member of this Society found guilty of recommending or indorsing any nostrum, quack mixture, bitters, or patent medicine, *shall be expelled*.

On motion the Report was accepted and the Committee discharged.

Dr. S. S. BROOKS said there was nothing he more thoroughly disapproved than the indorsement by practitioners of quack mixtures and nostrums; and, indeed, he could have but little confidence in any physician who could so far forget himself. He therefore approved of almost all contained in Dr. Guernsey's report, but he thought it would be best to leave out the names of the cities in which the gentlemen resided who



had indorsed a nostrum, as otherwise it became almost too personal a matter. While he thought he would vote for the expulsion of a member from this Society who would indorse quack mixtures, he was not prepared to vote for the resolution offered with the report, as he thought it not best to legislate upon a case that is not properly before us as a Society. The Code of Ethics of the American Institute of Homœopathy provides for such contingencies, and that is a higher law than any we can make here.

THE SECRETARY stated that this matter seems to have excited a good deal of attention in our school in different quarters, and there appeared to be a general desire to repudiate the acts of the offending brethren, inasmuch as he had received quite a large number of letters asking him whether, as an editor, he intended to make any remarks on it. As for the Code of Ethics covering the ground, it has no such scope, and is not intended to have. He then stated that the particular "Bitters" referred to is alleged to be made of some fifteen ingredients, the chief of which is spirits. It is a mixture of spirits with various roots and barks, &c., to be taken as a "tonic" and "stomachic" whenever the patient feels like taking his or her "bitters."

DR. BUSHROD W. JAMES. Do these gentlemen belong to the Medical Society existing in their own city? If they do, they are amenable to that Society, and why should we take any action in the matter? I most heartily indorse all the sentiments contained in the Report presented by Dr. Guernsey, yet I deem it inexpedient at this time to adopt the annexed resolution, inasmuch as we have no case before us.

DR. JACOB JEANES said: It is fifty years since the then recently elected Professor of Surgery in the University of Pennsylvania presented to the class a subject whom he represented as having been cured of a cancer by a panacea. Men then said that it was highly laudable in the Doctor to lay aside professional pride and give credit to a man uneducated in medical science for his discovery in medicine. One or two other professors imitated the first by also recommending the nostrum. I believe they repented; for the cure of cancer by the panacea was an absolute fiction. It never cured cancer. And so the honorable and just pride of the profession was humbled, and the flag of medical science was dragged to the ground in homage to a man for a discovery which he never made.

When men high in position in the medical world set this example, many of their inferiors in standing emulated them in the degradation of their profession, and we saw then, as we see now, numerous advertisements of nostrums with recommendations signed by M D.s.

The science of medicine boasts of a cultivation of more than two thousand years. That men who have graduated in its schools should be so regardless of its fair fame as to proclaim that its resources are inferior to those of some mercenary quack with his unknown nostrum, is the perfection of absurdity.

The giving of such recommendations is disapproved by the best physicians in the other schools of medicine, and must meet the severest condemnation from those of the homœopathic school.

Suppose that a man was to say to any one of us: "I am a homœopathic physician. I have invented a medicine which cures many diseases. I wish you to give it a trial; and if you find it useful, to give it a recommendation. What must the person thus addressed think? I leave it to each of you to say for himself. I know I would think that I had been grossly insulted by such a proposal. To give his medicine a trial, means that I should administer it to my patients. Such a proposal must be offensive to the true physician of any school, for he knows that he has not the right to give to the sick who have intrusted themselves to his care, things of which he knows nothing and which may prove hurtful to them. To the homœopathic physician it is doubly insulting; because he professes to follow a system in which a study of the pathogenetic as well as the curative properties of medicines is demanded. Also, homœopathy is as open as the day. It has no secrets. It promulgates the attenuation of its medicines, although by this, it affords ground of ridicule for those who do not know or choose to forget that facts in nature are only to be ascertained by observation and experience.

In view of these circumstances, the man who proclaims himself to be a homœopathic physician, and yet proposes a trial of his secret medicine upon the sick, is to be regarded as an ignorant impostor.

Lest what I have said in relation to the absence of secrecy in homœopathy should be challenged as incorrect, because of the veil which hides the nature of the processes pursued by any preparer of homœopathic attenuations, I would remark, that this secrecy does not belong to the science. It is only a parasitic growth, which will fall off when homœopathic physicians shall become consistent with homœopathy.

This desirable consummation cannot be effected by the action of medical associations in the condemnation of the inconsistent; but may be hastened by proper discussions in their meetings. I am, therefore, opposed to the adoption of any resolutions which threaten in advance to expel a member for such or such a practice. I think it is not best for us to legislate by special resolutions, and therefore, I shall feel constrained to vote against the resolution now before us, notwithstanding the views I have already promulgated. This discussion of the subject, which I see our Secretary is busy taking down, and which will doubtless appear in the *Hahnemannian Monthly*, will have a greater and better effect than the passage of any resolutions.

DR. DUDLEY said he was glad that Dr. Guernsey had based his objections on the broad ground of inconsistency with homœopathy, rather than on the fact that the nostrum venders *advertise* their wares. He did not think it an easy task always to discriminate between an honest physician and a quack, on the hypothesis that one advertises and the other does not. The fact is, that thousands of quacks do not advertise at all in

newspapers, while many honest physicians *do*. In reference to the rule in such cases adopted by the American Institute, he did not know whether our Society was bound by the Code of Ethics or not. If so, and the rule covered the ground properly, he supposed there was no necessity for adopting the resolution; but he liked its spirit.

Dr. JOHN C. MORGAN said he was opposed to quackery and to fulsome advertising, as well as to physicians becoming sponsors for nostrums. We ought to clearly declare our opinion on these points, and our opinion ought to be respected. But when we come to set ourselves up as a medical church, and to declare what is orthodox and what heterodox, it would be well for us to look to our position and see to what we are tending. He felt rather warmly on this subject of medical ostracism, and not without reason. Some years ago he was a member of the Philadelphia County Medical (Allopathic) Society. He was, at the same time, associated somewhat with homœopaths in the Penn Medical College (Eclectic) of this city, where he was engaged as a teacher, along with Drs. A. R. Thomas, Schmœle, and others. This gave rise to trouble in the county society, and finally led to his expulsion, on what he considered very arbitrary and unjustifiable grounds.

Dr. JEANES offered the following as a substitute for the resolution proposed by Dr. Guernsey :

*Resolved*, That it is inconsistent with homœopathy to give recommendations or indorsement of nostrums, quack mixtures, bitters, or patent medicines.

Dr. GUERNSEY said he felt grateful that his friends in the West had sent him the circular which had given rise to the appointment of a committee at the last meeting, and requested him to bring this matter before the Society. This Society is regarded as one of the best in the country, and he felt as if it would be a privilege for it to place itself on the record as squarely against anything like looseness in homœopathy. He was sorry to find the Society so weak-kneed as to be unwilling to support the resolution offered.

Dr. MORGAN offered the following as a substitute for Dr. Jeanes' substitute for Dr. Guernsey's resolution, viz. :

*Whereas*, The Code of Ethics of the American Institute of Homœopathy, adopted by this Society, declares that it is unprofessional and discreditable to indorse any nostrum, or to put forth fulsome advertisements, therefore

*Resolved*, That a common gentlemanly spirit, as well as professional consistency, requires that every member of this Society, either conform to this declaration or withdraw from its membership.

THE SECRETARY stated that the Code of Ethics did not declare it to be unprofessional to *indorse* nostrums, except by implication.

Dr. B. W. JAMES favored Dr. Jeanes' substitute. That of Dr. Morgan seems to imply that we have some members who we are afraid to handle.



Dr. DUDLEY thought the substitutes were worse than nothing at all, for while they declare the indorsement by physicians of quack medicines to be wrong, they acknowledge that this Society is afraid to lay the heavy hand of discipline upon the offender. For himself, if he should find thrust under his door a circular of some vile nostrum, with the indorsement of the President or Secretary of this Society, he should feel mortified and ashamed, not so much of the men who could commit such an act, as of the society which could tolerate it.

Dr. MORGAN then withdrew his substitute. He said that this was but a little matter. If it were of sufficient magnitude to send a man to jail for its perpetration, it would be worth while for us to take action in the matter; but not under the present circumstances.

Dr. H. N. MARTIN said he did not agree that it was a little matter, and thought Dr. Guernsey's resolution should be adopted.

The motion being taken on the substitute offered by Dr. Jeanes, it was declared adopted.

HARRIET JUDD SARTAIN, M.D., was proposed for membership by Dr. Wiltbank, and unanimously elected, under a suspension of the rules.

The Committee on "Compound Oxygen Treatment" reported progress.

Dr. JOHN C. MORGAN presented and described a uterine elevator for retroversion, which he had invented. He likewise exhibited a new London vaginal speculum, which had been used by Wells in operating for vesico-vaginal fistula. It was gotten up to obviate the necessity for an assistant, which is required when the duck-bill is used. It fails however in this regard, that it permits the falling down of the anterior vaginal wall. He (Dr. M.) had added an extra blade, which supported the anterior vaginal wall. He had also supplied a vulvar piece, which kept the vulva out of the way.

THE SCRIBE, Dr. Bushrod W. James, then made his monthly report, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**PREMATURE INFANTS.**—A novel mode of managing feeble living foetuses after birth has been suggested by Dr. Garrish, of Canada. Into a pan containing warm water, kept at about 90°, he places a bath-shaped pan, and into this latter he has the child, after being wrapped in cotton and without being washed, placed and kept until it reaches the full term of nine months from its first conception by the mother. The children are fed on milk by a spoon.

**SURGICAL GRAFTING.**—Since some success has resulted from grafting epidermic shreds upon old, indolent, or granulating ulcerations, in making them heal over more quickly, it has more recently been suggested that raw surfaces, such as result from wide lacerated wounds, or after certain surgical operations, where the operation leaves a large uncovered surface, have little pieces of skin laid in places over them. The

pieces should be taken from some part of the body, where scars will not be noticed and where there is sound skin.

**MEDICAL POPULATION OF THE UNITED STATES.**—It is claimed that there are 1,350,000 sick persons constantly in the United States, while under the editorial caption of "*A Legion of Leeches*," in the *Philadelphia Medical and Surgical Reporter*, we see it stated that the estimated number of doctors is 74,000 in this country, and averaging the annual income of each at \$1000, makes the total sum for medical advice annually \$74,000,000; then adding \$26,000,000 for medicines, the annual value of sickness in the United States costs a total of \$100,000,000, without including the millions of dollars spent for quack medicines.

**SENSIBLE WORDS FROM AN ALLOPATHIC JOURNAL.**—The *Medical and Surgical Reporter*, No. 718, in another editorial article, after showing how the Canadian Parliament in 1869 regulated the practice of medicine and surgery, incorporated the College of Physicians and Surgeons, of Ontario, and made them the central examining and sole licensing board in the province, and done away with the homœopathic and eclectic boards, contains the following: "*All applicants now for licenses must be examined in descriptive and surgical anatomy, medical pathology and diagnosis, theoretical and practical chemistry, physiology, sanitary science, toxicology and medical jurisprudence, operative surgery, and surgical pathology, botany, and operative midwifery.*"

"Having given satisfactory evidence before the general board of examiners of proficiency in these departments, the candidate is then allowed to choose whether he wishes to be registered as a regular, a homœopathic, or an eclectic practitioner. If either of the latter, he is examined by examiners of those respective systems in the following branches: *materia medica, therapeutics, surgery other than operative, midwifery other than operative, theory and practice of medicine.*"

"The examining board is elected annually by the Council, and consists of twelve members, of whom eight belong to the general profession, two are homœopathic and two are eclectic practitioners.

"They do not have quite so much talk about a code of ethics there (in Canada) as we do, because there is none written, the ordinary principle of honor among gentlemen having, we believe, been found sufficient there to answer the purpose.

"By the above system of examinations the country secures educated physicians, even if they are homœopaths or eclectics, and we confidentially confess our belief that the patient is better off in the hands of a well-educated, irregular practitioner, than in those of an ignorant one though he be regular, heretical as such a sentiment may seem.

"Furthermore, we like the plan, because it cuts off at once the trade in diplomas, and dries up the sources of the existence of one-horse, sham medical colleges, which just at present are pouring forth on our devoted country an annual army of half-educated doctors, who disgrace their calling and abuse the public.

"In other words, bold as such a position may appear, we are of opinion that this great country of ours, which we all know is ever so far ahead of the rest of the world, may profitably learn something from its humble neighbor, and take a lesson in internal economy which will be found of advantage."

CONSUMPTION.—ITS MICROSCOPIC DIAGNOSIS.—A most instructive article on this subject appears in the *Boston Journal of Chemistry*, December, 1870, by Dr. Jos. G. Richardson of this city, a portion of which I desire to call the attention of the Society to, as follows: "Dr. Fenwick's plan of procedure is substantially as follows: The expectoration of twenty-four hours is collected in a clean vessel, transferred to a beaker glass, mingled with an equal bulk of solution of caustic soda (3v of the alkali to Oj of pure water), and the mixture boiled for a few minutes over a spirit-lamp, stirring constantly with a glass rod. If the mucus is not fully dissolved, one-half as much more liquor sodæ may be added, and heat reapplied until the desired fluidity is obtained, when the liquid is to be emptied into a conical glass, and four times its bulk of cold water poured in, so that the fragments of elastic tissue may be promptly carried to the bottom, whence they can be removed after an hour or two by means of an ordinary dipping-tube or pipette, a drop of the muddy fluid containing them being deposited upon a glass slide, covered with a circle of thin glass in the usual manner, and examined with a magnifying power of about 200 diameters.

"In my own observations conducted in the wards of the Pennsylvania Hospital, I have found it useful to direct the patient to use no tobacco, to rinse out his mouth after meals before expectorating into his cup, and to avoid mixing the sputum of any other person with his own; in general I have boiled about an ounce of the tenacious sputa with their own bulk of liquor sodæ, in a four-ounce porcelain capsule or evaporating dish, and, when liquefied, poured the fluid into a conical vessel containing two or three times its bulk of water, quite slowly, to avoid cracking the glass.

"Although it is by no means easy to describe the appearance of lung-tissue without the aid of drawings, perhaps most of my readers may be able to detect its presence by the following characters, especially if they will take the trouble to mince up a piece of healthy or tuberculous lung, and examine it as above directed after boiling in caustic soda.

"Under a power of 200 diameters, the fragments of the pulmonary air-vesicles appear to be composed of curved and curled fibres, each about the diameter of a horsehair, and of a shining bluish white color resembling that of the fascia lata in the thigh; their most characteristic peculiarity (observed in some part of a majority of the specimens) is the arrangement of two or more fibres in the shape of a capital Y, with a third filament crossing from the extremity of one arm of the letter to the other, thus presenting the appearance of being the meeting-point of the walls



of three air-cells, which when enough of their outline remains, are each seen to have been from an inch to an inch and a half across. The novice must be on his guard against mistaking for lung-tissue, first, small fragments of flax fibres, which, when partly split, often assume the Y shape, but without the cross-bar; second, masses of *Leptothrix buccalis* from the mouth, whose component filaments do not appear coarser than the finest hair from an infant's head; third, portions of vegetable structures, whose cells are generally smaller, while their fibres are larger and less sharply curled; and, fourth, wrinkles in the cell-walls of boiled starch corpuscles, which may be detected by very close scrutiny, or by bringing the remainder of the cell into view, by means of tincture of iodine, or aniline solution. In addition to these suggestions, the following remarks, quoted from my *Handbook of Medical Microscopy*, p. 210, may help some observers to escape mortifying blunders of this nature: 'After much careful investigation of various specimens of sputum from both hospital patients and cases in private practice, for the purpose of detecting some characteristics of the lung-tissue by which it could be promptly and certainly recognized, it occurred to me that the fibres of the air-vesicles being elastic, must break, like a thread of India-rubber, with a square transverse fracture, while the filaments of any inelastic material, whether vegetable or animal, would fray out, as it were, and present to the eye a more or less obscurely pointed appearance. Further observations proved my hypothesis to be correct in numerous instances; and I believe that this characteristic of abruptly broken fibres will be found one of the most useful means yet suggested for the recognition of pulmonary tissue in sputum.'

'In conclusion, I may remark that this plan for the early detection of phthisis is especially useful in confirming the diagnosis of obscure and otherwise doubtful cases; in distinguishing examples of bronchitis in the upper lobes of the lungs, where the physical signs simulate those of tubercular deposit, and, according to my own observations, in recognizing those masked cases of acute phthisis which at first so closely resemble enteric (typhoid) fever, that they have hitherto often misled for a time even the most astute practitioners.'

HOMEOPATHIC CONGRESS IN GREAT BRITAIN.—The British Congress of Homeopathic Practitioners, which was held at Birmingham, September 28th, 1870, resolved to meet again in 1871, at Oxford. Dr. Henry R. Madden, of London, was elected President; Dr. Gibbs Blake, of Birmingham, General Secretary; and Dr. Collins, of Leamington, Local Secretary.

A dinner was served up by the organization, and American societies and practitioners were not forgotten among the toasts. The President and Dr. Dudgeon and Dr. Moore all paid compliments to homeopathy in America, and especially the latter, who attended the session of the American Institute of Homeopathy in St. Louis.

PECULIAR MODE OF DIAGNOSING INFANTILE HEALTH.—The *New*

*England Medical Gazette* takes from the *Medical Record* the following plan from Dr. Thos. Inman: "Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, one may always be sure that the little one is strong and well; but if, on the other hand, they are soft, as if they were boiled turnips in a bladder, it is certain that the child is out of sorts." For our part, we prefer not to go to such an "*extreme*" in diagnosis in all cases, when the arm or calf of the leg will answer the same purpose.

DR. JACOB JEANES then read the fourth of his series of papers on the Facts and Theories of Homœopathy. The paper was able and very interesting (see p. 271), and the thanks of the Society were tendered therefor.

The Society then adjourned.

DECEMBER 20, 1870.

A special meeting of the Society was held this evening, at the College building, to take action on the

DEATH OF WALTER WILLIAMSON, M.D.,

President of the Society. The *Vice-President*, O. B. GAUSE, M.D., presided, and a large number of the members were present. Dr. Gause addressed the Society as follows:

GENTLEMEN: A most solemn event has called us together to-night. Our President, Walter Williamson, is dead. He whom we all loved—either as brother or father—whom we all revered for his many excellent qualities of head and heart. In the full flush of a life of more than ordinary activity and usefulness, while he was a leader beloved among us, he has suddenly ceased to labor and to live.

While in the full maturity of all his intellectual and mental faculties, his physical system succumbed to disease, and we are here to-night to mingle our sorrows, to adopt measures for paying our united tribute of respect to his earthly remains, and to extend our heartfelt sympathies to the bereaved family of our honored President, our cherished friend, and esteemed professional brother.

As individuals and as an organization, our loss is irreparable.

How we shall miss him, who was foremost, whether as presiding officer or on the floor, in promoting the interests of our Society. He always had something to say for our mutual edification. His vast experience, extending over the average length of a generation, was a fund which we regarded as exhaustless.

I think we will all agree that few men possess in a higher degree all the elements which inhere in a noble manhood than were displayed in Dr. Williamson. He united in beautiful harmony most decided personal convictions, with great catholicity and respect for those who did not entirely agree with him. These rare and admirable qualities made him a most judicious counsellor to the young, and endeared him to all physicians of our school of every shade of opinion. It was thus he wielded

an influence for good throughout our entire ranks which a more sectarian though equally erudite man could not.

In this respect he has left no superior and few equals. This influence was more widespread than our Continent, and the shadow which envelops us with its thick darkness to-night will cast its gloom into thousands of medical offices near and far. I do not speak of the hundreds of families and thousands of individuals to whom his skilful and kindly ministries have been the savor of life and joy in hours of deepest anxieties.

While we meditate with bruised and bleeding hearts over our loss, let us imitate the excellencies of his character and emulate his fidelity to known truth, and like him assiduously labor to evolve from the known much that is yet undemonstrated: thus will we best prove our love for him by letting his memory become a perpetual inspiration to new zeal in the development of the law of *similia*, which was to him the polar star of his professional life.

THE SECRETARY then submitted the following preamble and resolutions, as expressive of the feelings of the Society, which were read and unanimously adopted:

*Whereas*, We have learned that, through the dispensation of an all-wise Providence, our beloved President, WALTER WILLIAMSON, M.D., has been removed from our midst by death; therefore,

*Resolved*, That, remembering his sterling worth as a man and as a citizen, his untiring zeal and fidelity as a physician, and his self-denying labors in the interests of humanity and of his professional brotherhood, our hearts are saddened at our great bereavement.

*Resolved*, That in his death the community has lost a valued citizen, society one of its brightest ornaments, his patients a skilful medical adviser and devoted friend, the medical profession one of its most earnest and efficient co-laborers, Homœopathy an uncompromising champion and successful advocate and practitioner, our Society a courteous and dignified presiding officer, and an active and honored exponent of the most advanced medical knowledge, and we, its members, a most judicious and trusted counsellor.

*Resolved*, That his untiring and wisely-directed labors, as a medical practitioner, writer, and teacher, have exerted a vast power in raising Homœopathy from a condition of feeble infancy to its present position of strength, influence, and success; and, while "he rests from his labors, his works do follow him."

*Resolved*, That, realizing the vacancy in our midst, and the increased obligations that have fallen upon us by reason of his death, we will draw fresh inspiration from his example, and consecrate ourselves anew to the advancement of the cause he served so faithfully and well, and to which he unselfishly gave his talents and his life.

*Resolved*, That we tender our most heartfelt sympathy and condolence to the family in their hour of affliction at the loss of a husband and father, trusting that the Great Physician, who has called him from the scene of



his earthly labors to the enjoyment of his everlasting reward, will also bind up the broken heart, and pour the healing balm of consolation into the wounded spirit.

*Resolved*, That the Secretary be and is hereby instructed to enter these resolutions upon the records of the Society; to transmit a copy of the same to the family of the deceased, and to such of the homœopathic medical journals as he may see fit; and to invite the homœopathic physicians of this vicinity to unite with this Society in attending the funeral in a body.

It was moved and carried that when the Society adjourns, it be to meet at the College building on Thursday next, 22d inst., at 1½ o'clock, P.M., to attend the funeral of our late President; and the Secretary was instructed to invite the physicians of the city and vicinity, who are not members of the Society, to unite with the Society on that occasion.

The Chair appointed the following gentlemen to act as pall-bearers,—Drs. A. R. Thomas, Richard Koch, Henry Noah Martin, Jacob Jeanes, Charles Neidhard, R. J. McClatchey, Henry N. Guernsey, and Augustus W. Koch, of Philadelphia, and Carroll Dunham, of New York, and Jas. B. Wood, of West Chester, Penna.

It was moved and carried that a Committee be appointed to prepare a *Memorial* of Dr. Williamson, to be read before the Society. Drs. Jeanes, Lee, Neidhard, Gause, and McClatchey were appointed said Committee.

THE VICE-PRESIDENT invited Dr. Jeanes to make some remarks.

Dr. JACOB JEANES said that the friendship existing between himself and Dr. Williamson had been very warm and was the growth of more than thirty years. He grieved for his loss, and had hoped that he would not have been the survivor. He would say that Dr. Williamson was a complete man; as a physician he possessed great activity, good common sense, and sound judgment; as a companion he was very agreeable and instructive. In losing him he felt that he had lost a friend in whom he had the greatest confidence. The Doctor had a spell of sickness some two or three months ago, but recovering somewhat, he made a trip to the White Sulphur Springs of Virginia, and returned apparently in a great measure restored to health. On his return, he went to work, and worked too hard at some literary labor he had in hand, which of course was not good for him. During a cold day early in the season, when there was quite a sharp flurry of snow, he was exposed to the weather while visiting a patient, and this seemed to have a great effect on him. The disease of which he died seemed to be a typhus mitior, and while there were occasional evidences of improvement, after the twenty-first day retrogression set in. I saw him alive for the last time on Sunday, the 18th instant, and had a pleasant smile of recognition, which, though it was but momentary, I hope I shall never forget. He quietly sank to rest the next morning, about five o'clock.

The Society then adjourned, to meet as above.

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CHARACTERISTICS INVALUABLE IN DIAG-  
NOSIS AND THERAPEUTICS.

BY H. V. MILLER, M.D.

(Read before the Central New York Homœopathic Medical Society, Dec. 15, 1870.)

ARCHIMEDES is said to have boasted that "if he had whereon to stand, he would, with his compound lever, move the world." So in Therapeutics, if we can properly apply the *characteristic lever*, the most obstinate and complicated disease will give way as if moved by an irresistible power.

The gradual development of our vast *Materia Medica*, required some magic wand to dissipate the *chaff* of common and comparatively unimportant symptoms, and reveal to our delighted vision the beautiful, golden grains of peculiar or characteristic symptoms.

This magic wand seems to have been furnished us when Dr. Guernsey and others developed what is called the "key-note system." Given any prominent or characteristic symptom of a case, this may serve as a "key-note" to suggest to our minds the balance of the symptoms, and almost infallibly lead to the choice of the proper remedy.

Practically this system conduces to the formation of a rapid and brilliant diagnosis, and secures the long-sought desideratum of precision in Therapeutics.

In almost any chronic complicated case, characterized as they not unfrequently are, by a wilderness of symptoms, it thus enables the perplexed physician to speedily unravel the mystery and come directly to the gist of the matter in hand. By simply laying the hand on the patient's vertex, or by asking a few brief questions, one is frequently thus enabled to comprehend at a glance the most complicated case.

What then are characteristics?

They are the peculiar or most prominent indications for a remedy, such as may be found more or less in almost any rubric. These symptoms are often common to other remedies. But they are far more prominent in some one, for instance, than in any other.

How then are we to arrive at positive certainty in the choice of a remedy?

The suitable remedy must generally contain *several* characteristics. A good prescription is said to be based upon at least two or three characteristics, but four or five of them will amount to almost absolute certainty.

To prescribe with precision, we must be able first to "individualize" *each remedy*, and then we are prepared to "individualize" each particular case. But we individualize a remedy when we distinguish its symptoms from those of every other remedy, or, in other words, when we become familiar with its peculiar combination of characteristics. For instance, circumscribed heat of the vertex is said to be a characteristic of Sulphur. Strictly speaking, this is not peculiar to Sulphur. It is a symptom common to several other remedies, *e. g.* Calc. c. and Graph. If we find this vertex heat accompanied by cold, sweaty feet, and vertigo on going up stairs, Calc. c. is indicated. If it is accompanied by profuse leucorrhœa and a very weak back, as I found in the case of a very fleshy lady, Graph. is the remedy. But probably in nineteen cases out of twenty the remedy is Sulph., because we shall find



it accompanied by other distinctive indications for Sulph., such as a Sulphur-diarrhœa, a Sulphur-appetite, &c.

Generally when some peculiar symptom of a case corresponds with a characteristic symptom of a remedy, we have good reason to conclude that the balance of the case will also correspond more or less with the remaining characteristics of the remedy. And the *greater* will be this correspondence according as the disease becomes more fully developed.

In a chronic case the primary symptoms may indicate one remedy, while the more recent symptoms indicate another remedy. According to Hahnemann, we must give precedence to the latter remedy. First let this accomplish its full mission. Then with the former, finish up in an order inverse to the development of the disease. Now both of these remedies taken together will furnish a complete picture of the case.

Provided a case be curable, we have but to trace these vital and indispensable correspondences, in order to prescribe with precision and a confidence based on knowledge. And even in incurable cases, we ought thus often to succeed in procuring the best palliative effects.

*A Lycopodium case illustrative of this comparatively new feature of Homœopathy.*

A lady called to get relief for sore throat, which had troubled her some two months. An inspection of the throat revealed a slight, dark redness of the right anterior pillar of the fauces. She said swallowing was very painful on the right side of the throat only, the pain extending up to the ear, and that she had doctored a good deal, and tried various domestic remedies and expedients for sore throat, all to no purpose. She was apprehensive of a cancer. I was rather surprised to find so little visible evidence of inflammation. I could neither see nor feel any swelling. But the probable remedy, *Lycopodium*, was immediately suggested to my mind by the location on the right side. As corroborative of this suggestion, I found that she had also, as I suspected, the following

dyspeptic symptoms: a little food would always fill her up so that she could not eat any more, and there was much rumbling and gurgling in the abdomen, chiefly in the left hypochondrium. She accordingly received *Lycop.*<sup>4m</sup> 1, and placebo.

Four days afterwards (December 2d), she reported that she had been able to fasten her dress every day since my prescription was made—a thing she had not done before in several months on account of excessive bloating. The rumbling and gurgling had ceased; her appetite was better; she could eat more, and food did not seem to fill her up so much; her throat also felt better for three days. But at the end of that time it seemed as if an abscess broke between the root of the tongue and the side of the throat, and she expectorated half a teaspoonful of purulent matter. After this there was much smarting as of a raw surface, which had not yet abated. *Re. placebo.*

*December 7th.* Better every way. *Re. Lycop.*<sup>5m</sup> 1, and placebo.

*December 13th.* Reports that there seemed to be renewed suppuration and discharge of pus, with relief of pain soon afterwards, but more smarting. Also, that her general health has not been so good as now in many months.

#### *Case of Calc. c. complication.*

A gentleman called in great haste to get relief from a severe attack of headache to which he had been subject periodically since his early youth. This time he complained of considerable fever and pain in the bones. Similar previous attacks had always prostrated him for several days. He also had quinsy, with bright redness and enlargement of the tonsils, which were nearly of the size of hen's eggs, obstructing the throat and nasal fossæ. He said that whenever he took cold, they were subject to enlargement, and then his headache was always the most severe. I think most physicians would have prescribed Bell. On inquiry, I found he was always subject to cold and sweaty hands and feet. This being characteristic of *Calc. c.*, I found also, as I expected, that he had the following complications corroborative of *Calc. c.*: sour stomach; much rumbling in the abdomen—he did not remember whether this was chiefly in the right hypochondrium; much vertigo, especially on stooping and on going up stairs; always during severe attacks of head-

ache, throbbing pain in the vertex, aggravated by stepping and by going up stairs, and chronic nasal catarrh, always dry and obstructed at night, and fluent and unobstructed by day. Re. Calc. c.<sup>6m</sup> 1.

In a week patient reported that "the medicine acted like a miracle, relieved him every way directly, so that he was able to proceed on his journey and transact an unusual amount of business, and that he had not felt so well generally for years."

### *Typhoid Fever.*

Typhoid fever, which has hitherto never been considered by any school of medicine as amenable to treatment, except to palliate its symptoms, in every stage strikes its colors to the inappreciable dose. It is not necessary that even this fearful disease should run its prescribed course until either the malady itself or the exhausted patient succumbs. But as in other maladies, so in this, convalescence dates from the commencement of proper treatment, and continues without abatement until recovery is complete.

To support the patient's waning strength, no alcoholic stimulant is needed—to be followed by increased exhaustion—but the suitable homœopathic remedy.

The following two clinical cases, selected from several similar ones, will speak for themselves.

1. *Case of incipient typhoid fever*, with diarrhœa almost involuntary, complicated with nephritic colic.

October 20th, 1870. Mrs. W., an elderly lady, has had fever of a typhoid type, and been confined to her bed two or three days. Had chills all night last night. Pulse full, 104, yet the patient complains of great prostration. This debility is accounted for by the nature of the pulse, which, though full, is synchronous with respiration, and indicates a typhoid condition. Centre of tongue dry and rough as a grater; red tip and borders; great thirst; headache over the eyes, violent and sharp shooting. She has had diarrhœa, almost involuntary, with sudden inclination and urging; could scarcely prevent soiling the bed-clothes. This complication has continued several times a day for several days. Typhoid fever commencing with such a diarrhœa is apt to prove obstinate and serious, and terminate in intestinal ulceration and hemorrhage. This morn-



ing the diarrhœa came on at 4 o'clock. Whenever she has previously had an attack of diarrhœa, it would almost always drive her early out of bed. This last condition being characteristic of Sulphur, I was not surprised to find that she had also the following Sulphur symptoms: circumscribed vertex heat, and burning soles; general intense heat; and she usually has a faint, hungry feeling at 11 o'clock, A.M.

She also complained of burning stitches proceeding from the region of the right kidney and ileum, just below and extending around in front to the bladder and groin, and thence down the front of the thigh to the knee. This last complication was probably a chronic kidney disease. I took it for granted that Sulph. would also cover these symptoms. Re. Sulph.<sup>sc</sup> 1, and placebo.

*October 21st.* Pulse weaker, 104, still synchronous with respiration, counting 6 to 1; diarrhœa as usual at 4 A.M., also at other times; excoriation; no more kidney complication. I then supposed that Sulph. had caused these pains to disappear, and confidently prescribed placebo.

*Evening.* A messenger came to inform me that "the diarrhœa was not yet checked," and he thought I might *do* something to "check" it, as the patient was very low and weak, and she could not stand it long that way. I did not wish simply to check it. I would leave this *checking* business to the allopaths. I proposed to cure the whole case, diarrhœa, fever, and all. But first of all I would abolish this 4 o'clock business, and as soon as that was done, which would probably be to-morrow morning, my patient would be safe. Re. placebo.

*October 22d,* 9 A.M. No night nor 4 o'clock diarrhœa; pulse 84 (20 less than yesterday, A.M.); skin moist; tongue also; a cloud in the urine rests on the bottom of the tumbler, which indicates convalescence. Re. placebo and broth.

*October 23d.* No more diarrhœa; pulse 72 (12 less than yesterday), and non-synchronous with respiration; good appetite; feels stronger; no fever. Re. placebo. After this no more fever, which was completely controlled in three days, not to return. Occasionally office prescriptions of placebo until the 31st (about a week), when to my surprise there was a return of the same kidney pains, with decided aggravation from 3 P.M. until 8 or 9 in the evening, when there was relief from the warmth of the

bed. This had always been the condition, which, with the location on the right side, called for Lycop. She got Lycop.<sup>sc</sup> 1, and placebo. Relief until November 7th, when some pains returned. Re. Lycop.<sup>sm</sup> 1, and placebo.

December 8th. No return of pain worth mentioning. Patient well.

2. *Case of advanced typhoid pneumonia ; stage approaching collapse.*

October 9th, 1870. Mrs. W. M., age about thirty-five, dark hair and eyes ; has had fever and been confined to her bed about a week ; was treated "botanically," but rapidly declined, and is now thought to be almost beyond the reach of medicines ; great prostration ; pulse feeble, over 100, synchronous with respiration, counting 8 to 1—a bad condition. The more pulsations to one respiration the more grave the case. Prof. Raue says, that "when you find a pulse synchronous with respiration, you may be pretty sure that death is near." Within the last two years I have many times observed such cases to recover under proper homœopathic treatment.

Patient has hectic flush on cheeks in the afternoon ; feels numb and sore all over ; putrid breath ; tongue coated whitish with red tip and borders ; much thirst ; has coughed several months ; sputa tough, jelly-like, adhesive to the vessel, remaining in the same place when the vessel is turned over ; color dirty white ; marked dulness on percussion on right side of chest ; bronchophony ; cold, clammy sweat from feet to thighs ; head feels too large ; some delirium at night ; confusion of mind ; head feels hot at vertex.

This characteristic of Sulph. suggested the following symptoms which were present : sensation of fulness in head ; burning soles ; no sleep night or day ; auscultation detects a fine crepitation in one portion of right lung ; her father died of phthisis pulmonalis with many of the same characteristic symptoms of Sulphur. Re. Sulph.<sup>sc</sup> 1, and placebo.

October 10th. Cough looser ; tongue cleaning off ; breath putrid no more ; circulation better ; no more cold, clammy sweat ; head cooler ; less numbness ; rested some last night for the first time ; pulse 6 to 1—an improvement. Re. Sulph.<sup>sc</sup> 1, and placebo.

*October 11th.* Rested still better last night; pulse 5 to 1. Re. placebo. After this, visits every other day.

*October 13th.* Rests every night; pulse diminishing in frequency every day, and now it counts 4 to 1; a cloud in the urine stands on the bottom of the vessel. Re. placebo and broth.

*October 15th.* As I predicted, in case the patient continued to improve, the cloud in the urine is settling and depositing a reddish sediment. Re. placebo and broth.

*October 17th.* Still improving every way. Re. placebo.

*October 19th.* General symptoms no worse, but some derangement of the liver, which is sensitive to pressure; tongue yellow; countenance ditto; more urinary sediment, yellow and whitish, like mucus; cough loose. Re. Sulph.<sup>6m</sup> 1, and placebo.

*October 21st.* Better every way; pulse 72; non-synchronous with respiration; no fever. After making eight visits the patient is discharged, and in two weeks from the commencement of homœopathic treatment she was able to be up on her feet and to commence doing her own work; no relapse. She received in all three doses of Sulphur.

#### *Intermittent Fever.*

Intermittent fever, so long the bane, the curse, the scandal of homœopathy, may yet prove to be its crowning glory. Then waning allopathy may hide its diminished head.

Case of intermittent fever, complicated with female complaints, cured by Sulphur.

*Tuesday, June 14th, 1870.* Mrs. B., age about forty, dark hair, eyes and complexion; return of intermittent fever, which had been suppressed by massive doses of quinine last fall. When she found that her old, unwelcome acquaintance, ague, had returned, she desperately resolved to resort again to quinine. I remarked that "she would not in that case require a physician's attendance. She could buy her own drugs and be her own doctor." "But," said she, "when I cure the ague again, I shall employ you to treat me for female complaints, leucorrhœa, dysmenorrhœa, &c. For you know I have great faith in homœopathy for everything except the ague, and you have frequently relieved me of my chronic difficulties." "Ah!" said I, "that alters the



case. If you wish me to do that, I'd better begin now before you get another quinine complication, and I will cure the whole case, ague and all." "Yes," said she, "but how long do you wish to try?" "I don't know," said I, "but what I do will be done thoroughly. I will cure you so that you will stay cured." "Very well," said she, "I will give you until next Monday morning, and if you do not help my ague by that time I will discharge you and then fall back on quinine." I had already treated her two or three days, so I said, "Let me thoroughly re-examine your case, and if I cannot soon strike the 'key-note,' why you may go on with your quinine." After a careful examination for some time, without success, I almost began to despair. Finally I asked, "If with all her headaches, she were not troubled a good deal with heat at the vertex?" "Oh, yes," said she, "I have always had that." A bright light suddenly broke on my darkened vision. I then found that she had the following Sulphur symptoms in a very marked degree: burning soles, almost always at night; hot flashes three or four days previous to the catamenia, feels distracted the night before; light sleep often and easily waking; appetite poor; faint and hungry at 11 o'clock A. M.; menses profuse, dark and very excoriating, continuing five or six days; during the menses can hardly stand erect, and the urine is profuse and clear; smarting leucorrhœa; is troubled with a papular eruption; has a good time scratching on going to bed; after scratching, burning; has moth-spots. Remedies do not cure, or she does not stay cured. Re. Sulph.<sup>sc</sup>, one dose a day for two days.

*June 16th.* No shake nor distinct heat, but chill at 9 A.M., commencing in hands; creeping sensation; lips and finger-nails blue; *great thirst* all the time. This condition lasted one and a half hours. Then sweat and heat together; head and hands hot; no thirst during heat and sweat. This continued until 2 P.M. Then profuse sweat; less yawning; tongue yellow; complexion sallow during apyrexia. She thought she was weaker and therefore no better, though she had no shake nor distinct heat. But I was sure that she was better, and continued same remedy, one dose a day for two days.

*June 17th.* No paroxysm. Re. placebo.

*June 20th.* Not the slightest paroxysm since the 16th.

*December 13th.* She has never had any more ague symp-

toms nor taken any medicine except as above ; four doses in all. She has steadily improved as to general health and her chronic complaints, and she has not been so well before in some years.

If, indeed, we have such a splendid system of diagnosis and therapeutics at our command, why will not our brethren devote themselves more thoroughly to its acquisition, and thus be enabled to depend exclusively upon homœopathy in cases of emergency, and abandon morphine, paregoric, blue-pill, and alcoholic stimulants to fossil allopathy? One reason why our practice does not make more rapid progress is, that too many of our number are still wedded to the old system. Some reckless practitioners dispense crude drugs even more liberally than the most heroic allopaths. The rapid alternation of two or more medicines at one prescription is a practice not to be mentioned in connection with characteristics. Proper alternation is to allow one remedy time to exhaust itself before interposing another. Glassware seems to be in great demand with some alternationists. I know of one who requires six tumblers for one prescription. He uses tinctures and carries his medicines in a large case. You may also find several suspicious-looking powders "lying around loose."

Another, who is a member of this Society and of the American Institute, has a standing prescription for fevers in general, and especially for typhoid. For your instruction I will reveal the wonderful secret. It is as follows: Glass No. 1. Aconite, Belladonna, and Morphine. Glass No. 2. Baptisia and Gelseminum. Glass No. 3. Bryonia and Rhus. All mother tinctures, except the morphine, in water. Dose: two teaspoonfuls every half-hour in alternation. If patient be bilious, a few sugar-coated blue-pills may be added. A genuine allopath would, for convenience, mix these liquids all in a bottle, with the general direction, "To be shaken when taken."

If this enterprising alternationist continues to improve,

he may soon be able to practice out of my arnica jug, provided he learns as rapidly how to use high dilutions as he has the low; also, provided he can supplement my arnica jug with a convenient apothecary shop.

The medical profession has always been crowded with "dead logs," and we of course have our full share of them. But, in spite of all obstacles, the day is already dawning in which the genuine homœopathic system shall prevail. The perfection of diagnosis, to say nothing of therapeutics, attained by homœopathy to-day, is one of the most brilliant achievements of modern medical science. It is indeed of itself an unanswerable argument in favor of the truth of our beneficent law of cure. It will more than compensate for all the dead weights that have hitherto clogged our progress. It will satisfy our patients that we are perfectly conversant with their case, and this will inspire them with a high degree of confidence. Now exultant allopathy can no longer justly charge us with failure in diagnosis; for we are as much superior in diagnosis as in therapeutics.

Therapeutics may now truly be said to approximate to the nature and dignity of an exact science. We are just as sure of our remedy as we are certain that we comprehend the full nature and extent of the disease. And we are equally confident of ability to effect a speedy and splendid cure by placing our patients "en rapport" with the known laws of our physical being.

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## REFLECTIONS UPON THE OPERATION OF OVARIOTOMY.

(Read at the Semi-annual Meeting of the Cumberland Valley Homœopathic Medical Society, Nov. 1, 1870, by a member.)

SUCH is the deep and still deepening interest felt in the operation of ovariectomy in this and every civilized country, that it seems to be the duty of every well-educated



member of the profession to make it, to some extent at least, a special subject of study. The discovery of the anæsthetic properties of chloroform, one of the brightest glories of the age, renders this operation not only practicable and allowable on desperate occasions, but even brings it within the sphere of legitimate surgical procedures. The surgeon can now make long incisions through the abdominal walls, expose and handle the internal viscera, remove such abnormal growth as he may find, while all this time the patient is as profoundly unconscious of the mutilations she is suffering as if she were a lifeless corpse. Before the introduction of anæsthesia this would have been generally impracticable. Many patients, it is believed, would have perished from the shock before the operation could have been concluded. Others would have writhed so intensely under their unmitigated agonies as to have completely baffled the surgeon in the execution of his purposes. The results, therefore, must have been very unsatisfactory, and would probably have justified the great Liston in his opposition to what he contemptuously called "the ripping open the bellies of women."

Ovariectomy, as now practiced, it is well known to all, is attended with very fair success. And yet such is still its mortality (perhaps about twenty-five per cent.) as to render it very formidable, and to induce the patient to postpone it as long as possible, and that often to her greater peril. The sources of danger are manifold. In the first place, there is the risk of internal hemorrhage from the stump, if retained within the abdominal cavity, and from vessels opened in the breaking up of adhesions which are frequently found to exist. The blood if retained undergoes putrefaction, and if in any considerable quantity gives rise to septicæmia, which, if not remedied, almost inevitably results in death. Then there is the danger of the formation of pus, which by absorption may give rise to fatal pyæmia. And again, there is the lia-

bility to peritonitis, emanating from the incision or laceration to which the peritoneal membrane has been exposed, or from irritation caused by retained fluids, ligatures, &c., within the abdominal cavity.

Where any considerable vessels have been severed, requiring ligatures, great difficulty has been encountered. If cut short and retained, such substances as have heretofore been generally used would, in all probability, as foreign bodies, give rise to irritation in their immediate vicinity, which might thence proceed to a dangerous or fatal extent. If, on the other hand, one end of the ligature be cut short and the other brought out through the abdominal wound, the latter must often traverse considerable space over the surface of the viscera and endanger inflammation. Various have been the appliances resorted to in order to avoid these difficulties. It has been maintained by some that torsion in these cases may be relied upon as amply sufficient to secure from hemorrhage. Others propose animal ligatures, such as catgut, which they say cause no irritation, and are themselves absorbed and finally disappear. If such claims in behalf of animal substances can be substantiated, they certainly possess advantages over all other ligatures for this purpose. Is it then really true that animal fibre, when used for ligatures and sutures, does not produce irritation in the living tissues, and is it ultimately absorbed by them? I have entered upon an experimental investigation of this matter, by which I hope ultimately to be able to solve these very important questions. As yet these experiments have not been conducted sufficiently far to give a definite and reliable answer. My trials have thus far been made with sutures I have prepared from the flat tendon found in the neck of the ox. This is possessed of great tenacity and may be prepared of any size and by every one for himself, thus insuring against any consequences from the partial putrefaction of the catgut before it is made into cords and dried.

But another difficulty, still more formidable, which has been encountered in this operation, is how to dispose of the pedicle or stump after the tumor has been removed. If returned into the abdomen without effectually securing its vessels, it may prove a source of dangerous, and possibly fatal, hemorrhage. Some have here applied the ligature, cutting one end short and bringing the other through the lower extremity of the incision. Manifestly there is danger here from the irritation of the ligature passing over vital parts, but principally from the putrefaction of the slough resulting from the strangulated portion of the pedicle, although I believe it has been contended that no such slough is formed. Another plan proposed is to "pocket the pedicle," by which I understand to include its extremity between the lips of the abdominal incision, and fasten it there, or include it in the sutures. It is manifest this plan would be fraught with many difficulties. Spencer Wells, of England, uses the clamp, which is firmly fastened on the pedicle by means of thumb-screws just below the point at which it is intended it should be severed. The clamp is so adjusted that when turned at right angles to the line of incision it rests upon the abdominal walls externally. The wound is then closed by needles or sutures, so as to tightly embrace the pedicle thus drawn through it. This plan is also practiced by many of our most successful operators in this country. Although perhaps the best in general use, it is open to very serious objections. If the pedicle be short it produces very painful tension, and if thick it prevents large surfaces of the lips of the wound from being brought in contact, and interposes between them a large mass of heterogeneous tissue. The slough caused by the compression of the clamp generates septic matter, which, if not carefully removed, must prove a source of no inconsiderable danger. The pain in the back, complained of by most patients, is probably caused by the tension produced by the clamp. At best, a deep ulcer is left to be filled



up by granulation, and always liable to become ill-conditioned or to give rise to purulent discharge. This portion of the wound is often very long in healing up, thus inviting ventral hernia; and when complete closure has taken place it is by cicatrization. Moreover, should the generation of septic matter within the abdomen be apprehended, or should it already have taken place, it would be very difficult to wash out the abdominal cavity with a syringe, as recommended by Dr. Peaslee; an expedient to which he has resorted on various occasions with apparently good results.

In short, we do not think the operation of ovariectomy will have reached its highest perfection, till some safe method is devised by which the pedicle can be so secured as to guard against hemorrhage and the formation of pus, and thus returned at once, and the whole line of incision closed by suture, unless it be merely sufficient to introduce a gum elastic tube to wash out any septic matter, should that be required. After long reflection upon this subject, it seems to me the following method might be successfully practiced, and this is all in this paper that I claim as original. When the cyst or tumor is turned out in the usual way, let one assistant support it in such a manner as to put the pedicle upon the stretch; let another compress the pedicle with the thumb and finger near its origin, so as to prevent hemorrhage when it is cut; or what would perhaps be better, let an artificial compressor be applied, which would be less in the way of the operator. A gum elastic cord might be found to answer the purpose very well. Then instead of severing the pedicle, as is usually done by a stroke of the scalpel or with scissors, directly across or at a right angle to its long diameter, let it be cut by somewhat curvilinear lines, first one side then on the other; these lines being carried a little way down toward the origin of the pedicle, and meeting in its centre so as to form two flaps, very much like those formed in the flap operation in amputating the

thigh. Let these then be brought together, cut surface to cut surface, and thus secured by appropriate sutures of animal substance, the ends of which are to be cut as short as regard to security will admit. It is evident that when the surfaces of the flaps are brought into close contact, each will be bent inward toward the other, and consequently all the minute bloodvessels will be flexed upon their long diameter, and hemorrhage thereby prevented. The main artery serving as a feeder to the cyst or tumor, can be easily seen before the flaps are brought together, and a suture may readily be arranged so as to compress its orifice. It is manifest that when the flaps are brought together, in the manner we have described, no cut surface will be exposed to bleed or suppurate, but the whole exterior of the stump will be covered with its natural envelope. When the pedicle is very thick and round it will probably require sutures upon both sides; when flat and thin, they can be passed throughout its thickness at a little distance from the inner edge of each flap. This would perhaps be best accomplished by having several straight needles armed with sutures, each of which might be passed down through one flap, and then brought up again at a suitable distance from the edge of the other flap, thus leaving both ends of the suture upon the same side of the stump where the knot would be formed.

If then it be true as is claimed for them, that animal substances used as ligatures do not produce irritation, and are ultimately absorbed, we think a pedicle thus treated might with safety be at once returned into the abdomen, and the whole incision immediately closed. The peritoneal cavity would thus become, at least in most instances, quickly sealed, and we think it may be fairly presumed, much of the danger of so formidable an operation avoided.

The question may be here asked, have you tried this method or have you seen it tried? and if not, why pro-

pose a procedure, the success of which is not demonstrated by experiment, and confirmed by experience?

To the first of these inquiries I answer, and to both branches of the question, unhesitatingly in the negative. To the second I would reply, that the plan of every surgical procedure is more or less definitely arranged in the mind of the operator before it is executed in practice, and it is, therefore, at least for the first time tried without the authority of precedent or experience. It may be months or years before the surgeon has an opportunity to execute his purposes, and in not a few instances his ideas have existed only in his own mind for a length of time, and ultimately, when occasion offered, have been put in successful practice.

Thus, in 1768, Sigault proposed the operation of symphyseotomy or section of the pubic symphysis, to enlarge the true pelvis, and thus in some cases avoid the Cæsarean section, known and practiced long before his day. The Academy of Surgery to whom he presented his memoir scarcely entertained it, because he was only a student of medicine, and could adduce no case in which his idea had been carried into successful practice. But his scheme was by no means abandoned, for in 1773 he presented a thesis at Angers upon the same subject, and in 1777, nine years after its conception, he had the first opportunity to demonstrate its feasibility by a successful operation upon a living woman. A living child was delivered, and his patient recovered. Thus, too, Von Ritgen, in a memoir produced in 1856, on "Delivery by Pressure instead of Extraction," proposes the operation of pushing, instead of extracting the fœtus from the womb in cases of inertia of that organ. But we are not told that he ever put this method into successful practice, until about 1867 Dr. Kristeller having tried it, published successful results.

Now, were I likely to have an opportunity to test the plan I have just proposed, within a reasonable period, or even during life, I would then most probably have said



nothing of it here or elsewhere for the present, nor indeed at any time till I could have cited cases to sustain its utility. But as it is, I myself may never enjoy such opportunity. Cases of ovariectomy are comparatively rare, and are for the most part monopolized by specialists, or those who have acquired a reputation for success in execution. If, therefore, the plan proposed is likely to afford any advantage, it is no more than proper it should be communicated to others, that some one may if he will avail himself of it. If the sick or dying man thinks he knows the exact locality where treasure is deposited, being unable from circumstances to avail himself of it, it is but right he should communicate his knowledge to others who may profit by it. His fancy may be but a delirious dream, but if the location indicated be so near the surface as to require but little search, no one will be much injured in making the attempt.

Again, if animal sutures have the properties ascribed to them, they might possibly be used with advantage in closing the abdominal incision. They should here be selected of proper strength, and should *not* include the peritoneum, as it is generally directed to do. We have always regarded this as sakeless at best, and often really a very dangerous procedure. Sakeless, because no dexterity in coaptating the lips of the wound can possibly bring the edges of so thin a membrane as the peritoneum into such exact juxtaposition as to cohere; and dangerous, because the suture must necessarily press upon and strangulate its minute vessels, and likely cause laceration upon removal.

Lastly, the operation of ovariectomy, although always formidable, is generally a simple one. It has thus, for the most part, been monopolized by allopathic specialists, some of whom, taking advantage of the monopoly, and of the necessities and fears of their patients, have extorted sums for their services which one would suppose would raise a blush upon the cheek of the common swindler, and

certainly do disgrace a profession which *ought* to be an honorable and benevolent one. But there is no reason why the operation should be left almost exclusively to them. There ought to be amongst us everywhere expert operators, who could be called in to the assistance of their brethren whenever surgical interference in such cases is demanded. Certainly we have, or ought to have, men competent to such emergency. I know of no difference between them and us, but in that deep-seated and, in some instances, almost fiendish malignity towards us, which, I am sorry to say, rankles in almost every bosom, and which, did the times admit, would raise against us a persecution relentless as that of Nero or Domitian; and in that asinine stubbornness which refuses to hear our arguments, however courteously addressed, and to test experimentally our practice, or even to suffer *us* to test it fairly side by side with them in the public hospitals. But none of these things qualify the surgeon. They do not give diagnostic acumen; they do not increase the perspicacity of the eye, nor give dexterity and steadiness to the hand nor courage to the heart. We would, moreover, I feel confident, have greatly the advantage over them in after-treatment, a circumstance that would speedily tell upon results. We should escape the deleterious effects of the obtruding influence of large doses of opium, and by applying the indicated specific in due time, often save life where it is now hopelessly lost.

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## SPECIAL INDICATIONS.

BY JACOB JEANES, M.D.

(Read before the Philadelphia County Medical Society, Jan. 12, 1871.)

It is always of great importance in homœopathic practice to know of a remedy which acts upon the parts in a particular locality of the organism. We have an example of this in the value of *Viola odorata* in rheumatism of the

right wrist. The recommendation of Dr. Kitchen of this remedy for such cases, has been fully justified in my own experience, as also in that of many other physicians.

I wish this evening to communicate to you several experiences in my own practice in regard to the important local symptoms of a few remedies. And first of the tincture of the seed of the

*Chenopodium anthelminticum.*

Of this, an important local symptom is, a slight dull pain a little lower than the inferior angle of the right scapula, but nearer the spine. The record of my proving of this medicine by chewing the seed, made in March, 1842, reads as follows:

Pains through the breast under the right scapula, and in the right shoulder; pain in the head and eyes, neuralgia.

Of the above symptoms it is only the infrascapular pain which has been proved to be important, and this, in the record, is wrongly stated, because the word under is employed instead of the word below. But, whilst the fact of *below* and the exact location of the pain was fresh in my memory, it happened that an old lady applied to me for the relief of an asthmatic affection with which she had been troubled for twenty years. It was very severe, compelling her to sit up the greater part of the night, for many years. I could not satisfy myself that either of the remedies with which I had successfully treated asthma was adapted to her case, and as she had pain in this locality I concluded to give the *Chenopodium* in the eighteenth centesimal dilution. Four powders were given, which not only removed this pain but also the asthmatic disorder. Some years afterwards she was attacked by hydrothorax, and not receiving any important benefit from my prescriptions, employed an allopathic physician and experienced relief for some time, but died suddenly.

Since then, I have often employed the Tr. Sem. *Chenop.*,



when this pain was present, and have seen it not only remove this pain, but also benefit the patients in other respects. We will pass from this remedy to another:

*Lobelia cœrulea. Olim Lobelia syphilitica.*

Of this medicine, I possess but one pathogenetic symptom, namely: Pain about and under (not below) the short ribs, in the back, on the left side, and extending outward nearly to the left side. This embraces the posterior aspect of the region of the spleen.

I cannot tell the date of my proving of this medicine, but it was many years since, whilst I was a member of the Bureau of the Materia Medica, along with Doctors Williamson, Hering, Neidhard, and Kitchen. Doctor Hering gave to each of us a vial of *Lobelia cœrulea* in a low dilution, for experiment upon ourselves. What were the symptoms observed by the others I do not remember. But the above stated symptom was decidedly marked in myself. On giving our reports, Dr. Hering remarked that he was rather disappointed in not finding any mental symptoms reported. I recollect my then remarking, that these could hardly be expected from the observations of experimenters upon themselves. That if unusually irritable they would think they had unusual irritation, and not think of this as an effect of the medicine; so if uncommonly dejected they would think they had sufficient causes of dejection.

Some time after this I was called to visit a lady about 50 years of age. Her son told me that the family was exceedingly anxious about the state of his mother's mind. She appeared to be very unhappy, but would give them no explanation of the cause of her unhappiness, though she wept a great deal. On visiting her, she wept, but stated no cause of grief. She had no other pain but such as described in the above stated symptom. On this ground, as, perhaps, partly influenced by the suggestion that this medicine might have important mental symptoms, I gave her a dose of *Lobelia cœrulea*, fifth centesimal.

At my next visit I found her better ; and another dose of the same medicine effected a perfect and permanent cure of the disorder.

Since that time I have employed this remedy in many cases where this symptom was present. Sometimes where no mental disorder was apparent it has removed this pain, and generally with improvement of the health. Where the dejection of spirits has been very considerable, and the stated symptom well marked, I believe I have always found it to cure. Where this symptom has been very violent, and occurring where there has been a real and great cause for grief, I have also seen this remedy highly useful. An instance of this kind was afforded in the case of an elderly lady who had just lost her husband, to whom she was greatly attached. In the course of a day or two she was attacked by severe pains in the region above mentioned. A dose of *Lobelia cœrulea* fifth, every four hours, removed this pain in the course of two days, and I thought that I could perceive that a mental reaction had occurred, which would prevent her from sinking into absolute despondency.

There is a local pain of another remedy, the

*Ranunculus bulbosus* (Radix),

which, for a long time, I thought had been obtained from its pathogenesis, but which I now regard as having been only attained by observation of cure.

This is a pain, sometimes very severe, along the inner edge of the left scapula nearly its whole length, and often extending a little below its inferior angle. Sometimes this pain may also extend through the lower half of the left side of the thorax.

Many similar locations of pain, in which other remedies are useful, might here be mentioned.

I will only add, that formerly I gave the remedies with longer intervals between the doses than I do at present. It appears to me, that whilst it is true that the intervals

may often be of considerable duration with advantage, yet, in many cases, greater benefit will be derived from frequent repetition of the medicines.

## THE TRUE HOMŒOPATHIC USES OF SECALE.

BY E. M. HALE, M.D.

IN the December number of the *Hahnemannian Monthly*, Dr. O. P. Baer replies to Dr. Guernsey, and uses the following language:

“I say most emphatically that the true sphere of action of Secale, as regards time, is between the periods of quickening and delivery, and then *only* when *expulsive* efforts are present; these efforts being in all cases parturient pains, with the regular expulsive throes. If these symptoms are not present, and the woman be not pregnant then, is Secale of no use.” He goes on to say that he never got good effects from Secale, in hemorrhage *before* quickening, even if expulsive pains were present.

Dr. Baer's experience is doubtless that of many who prescribe Secale in the doses in which he recommends it, and for the following reasons: (1.) Dr. Baer gives Secale only for its *primary* symptoms. (2.) In hemorrhage before quickening, there is always some foreign substance in the uterus which causes the flooding, and *no* remedy will arrest this flooding until the substance is removed.

It is a singular fact that Dr. Guernsey recommends Secale for its *secondary* symptoms, altogether ignoring the *primary* pathological condition caused by the drug.

I esteem the true action of Secale well worthy our close and earnest study. At present, no remedy in our *Materia Medica* is so little understood, and prescribed with so little propriety. I propose in this paper to discuss the action of Secale on the uterus alone, and will proceed to lay down several propositions as a basis for discussion.

1. *Secale has no curative action with which we are yet ac-*



*quainted, upon the virgin uterus, or upon the uterus undeveloped by normal or abnormal processes.*

I cannot accord with Dr. Baer's assertion, that *Secale* is only indicated in uterine hemorrhage between the period of quickening and labor. It is indicated in any case, if the symptoms call for it, when the uterine muscular fibre has become normally, or abnormally developed. The uterine muscles can only become *normally* developed during the pregnant state. At just what date the uterine muscular tissue begins to take on this physiological development cannot be stated with exact certainty, but it is probably as soon as the foetus is large enough to fill up the natural uterine cavity, but this, doubtless, occurs several weeks previous to the period of quickening. I do not believe, that during normal, healthy menstruation, the uterine muscular fibres undergo any changes, but in some cases of dysmenorrhœa this doubtless does occur.

The muscular fibres of the uterus may become abnormally developed from the presence of polypi, moles, inflammation, congestion, or any intra-uterine irritation.

*The rule is, that whenever the uterine muscular fibre is normally, or abnormally hypertrophied, then may Secale be indicated.*

2. *The primary action of Secale on the healthy uterus is to induce a condition of congestion, and so irritate the muscular tissue and its nervous supply, as to cause that tissue to become abnormally developed.*

This congestion and irritable condition may result in many morbid processes, principal among which are spasmodic pain and hemorrhage.

Dr. Baer evidently considers this condition with its immediate results, as constituting the sole sphere of action of *Secale*. But there is another morbid state, nearly the opposite of the above, which is caused by the secondary action of *Secale*, and it is in this condition that this remedy has made its most brilliant cures. The scope of this paper is not sufficient for a minute enumeration of the

pathological processes and symptoms developed by the primary action of Ergot, but it suffices to say that it ranges all the way from simple irritation of the motor and sensory nerves, up to muscular hypertrophy, *active* hemorrhage, and inflammation. But there comes a time when the primary morbid processes cease, when the *active* morbid effects exist no longer, and then we have secondary lesions, and secondary symptoms. And these are all marked by *atony*. The *active* gives way to the *passive*; spasm gives way to paralysis, or

3. *The secondary action of Secale is a condition of passive congestion, passive hemorrhage, a cachectic or atonic condition, and a paralysis of the motor and sensory nerves of the uterus.*

It is singular that Guernsey as graphically describes the secondary symptoms of Secale, as does Baer the primary. Guernsey gives the following as indications for ergot in hemorrhage.\*

“When hemorrhage occurs in feeble, cachectic women, made so from some dyscrasia of the system. There may be general coldness while the patient feels warm, and does not wish to be covered. The pulse indicates feverishness; the hemorrhage is passive, dark colored, and continuous, seldom clotted, sometimes offensive, and the slightest motion aggravates the flow. Cramps in the legs, jerking in the muscles, and melancholic depression.”

Now all these are *secondary* secale symptoms, except the “feverish pulse,” which, I think, is not a correct term for the secondary secale pulse. It may be *quick* and *wiry*, but is *not* feverish.

In contrast to Guernsey's symptoms I will give the indications for Secale in hemorrhage arising from conditions simulating its primary effects: Acute and recent irritations of the uterus occurring in previously healthy persons, but of a constitutionally lax and irritable temperament. Hemorrhage of bright red blood, generally clotted, flowing intermittingly, with pain, heavy, passive

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\* Hahnemannian Monthly, October, 1870, page 120.

and remittent, or spasmodic, expulsive and intermittent. The pulse is hard and quick; there is headache and fulness in the head. The uterus is always larger than natural, its tissues hypertrophied, but *not* relaxed or flabby.

The next important portion of this subject to consider is, the proper size of the dose to be selected for the opposite or contrasting states of the uterus indicating ergot.

I do not hesitate to assert, that for the *primary* symptoms above enumerated, the curative dose of *Secale* lies in the high potencies, or from the 3d to the 30th. Dr. Baer has doubtless had excellent success with *Secale* 3d, for the symptoms he mentions, and if the preparation of the drug is *good*, which is rarely the case, the higher dilutions will be found effectual.

But for the secondary symptoms and pathological conditions, the lowest attenuations should be prescribed, and the most generally effectual preparation is the first decimal trituration of the *recent drug*, or drop doses of the recent ethereal tincture.

It is well known that allopathic physicians are scrupulously careful to use only recently prepared ergot; that they do not consider any other preparation safe or reliable. It is also well known that but few homœopathists inquire or seem to care whether the ergot they prescribe is ten months or ten years old! Yet if it is important in the former instance, it is certainly in the latter. If we use *Secale* in cases when it is certainly indicated, do not we risk the life of our patient unless the ergot is fresh, reliable, and pure?

If our school was more careful to use only freshly prepared ergot, and would use it in the proper medicinal dose, our success with it would be far greater than now, and this really invaluable remedy would be more used and more highly prized.

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## THE STATUS OF HOMŒOPATHY.

BY HORACE M. PAINE, M.D.

THE following extract, taken from the October number of the *British Journal*, represents the animus of our British colleagues, and as clearly points out an error into which the profession in this country have fallen. The plans of our Canadian brethren, holding, no doubt, similar views with their colleagues in England, have already matured. They have not only acquired a legal recognition, but have been assigned a position side by side with the allopathic profession. Need we require any other evidence that their position is the better one?

“We see by an announcement at the end of the first report of the Northeastern Homœopathic Dispensary in New York, that a homœopathic hospital has been opened, or is about to be opened, in connection with that institution; the second and third floors of the dispensary being arranged for the reception of twelve in-patients. We often wonder how it happens that our American homœopathic colleagues, who so nearly equal the old school practitioners in numbers and clientèle, have never yet succeeded in getting themselves appointed to existing hospitals and charities, supported by voluntary contribution, and whose officers we suppose are elected by the subscribers in the same way as they are in England. In this country, and with our great inferiority, numerically, to the old school, we have almost succeeded in one or two instances in securing the appointment of homœopathic practitioners to the existing institutions. Is the reason of the complete failure of our American colleagues to obtain those places their number and influence ought to insure them, to be sought in the fact that they have constituted themselves too much of a sect, and with their colleges and medical schools, their immense periodical literature, and even their insurance offices, have assumed such an attitude of decided and active opposition, that no amalgamation or harmonious working with the old school faculty is either desired or possible? In this country, with all our militant attitude, we have never lost sight of the possibility of the gradual extinction of

sectarian differences, and though we boast of our more perfect system of therapeutics, we are proud of the old schools and colleges where we received our education and degrees, and have no wish to establish others on a sectarian basis."

The editors of the *Philadelphia Medical and Surgical Reporter*, in a recent article commenting on the recent act of the Canadian Parliament, assume what they are pleased to style, a "bold position," by averring that "a patient is better off in the hands of a well-educated, irregular practitioner, than in those of an ignorant one, though he be regular, heretical as such sentiments may seem." This confession ought to have been made several years ago. It is "better late than never."

It was amusing to witness the intense opposition of the allopathic school in Canada, to the clause in the act referred to, which recognized their homœopathic rivals as coequals. They arranged all the influence they could control in favor of an exclusively allopathic board, and they failed.

The same battle is being fought in this country, and our allopathic brethren may as well prepare themselves for a similar result; in fact, the "boldness" previously mentioned indicates that they have "accepted the situation." Hence their assumed horror of "fraternization" with homœopathic physicians, mentioned on pages 252, 312, and 373 of the *Reporter*, shows that they are "whistling to keep their courage up." Fraternization cannot be controlled by a code of ethics. Pecuniary considerations, the reputation of the parties themselves, social and other influences, control affiliations and fraternizations among medical men in the two rival schools. In this, as in other cities, it is probable there are only a very small number of allopathists of established reputation, who refuse to consult with reputable homœopathists. Consultations between members of the two schools are not infrequent, and the standing of the parties in their respective medical

associations is not compromised thereby. The comments published in the leading daily papers of the country\* regarding the expulsion of Dr. Gardner from the New York Academy of Medicine, revealed such decided hostility on the part of the laity to that act of intolerance of the allopathic profession that it will not be repeated. By the occasional snap of an editorial whip, allopathists may be able to keep up the bars of medical bigotry and intolerance a few years longer, in spite of the prevailing public sentiment.

By a recent decision of one of the District Courts in this State, the status of the practitioners of the two rival systems is declared to be precisely alike. The judge stated that should the adherents of either system style the other a quack he would be liable to a suit for slander. In the case in which this decision was rendered, the allopathic physician was compelled to pay a fine of one hundred dollars for simply styling his homœopathic brother practitioner a *quack*.†

The time has come when a physician is not considered thoroughly educated until, in addition to the information gathered at allopathic medical colleges, he has also acquired a practical knowledge of homœopathic therapeutics. And our allopathic friends need not be thrown into a spasm of anger by an announcement, at no distant period, of a course of lectures on homœopathic principles and practice in one or more of the allopathic medical schools in this country. Doubtless they dare not admit an evident tendency setting strongly in that direction, or allow themselves to recognize the fact until its accomplishment reveals to their astonished vision the growth of public sentiment.

The fact that the allopathic opponents of the Albany

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\* Transactions of New York State Homœopathic Medical Society, vol. vii, p. 709.

† Transactions of New York State Homœopathic Medical Society, vol. viii.



Medical College could announce its alleged quasi indorsement of the homœopathic system, in the expectation of injuring the reputation of the college among allopathic physicians, proves that public sentiment is ready to sustain a liberal course, should such be inaugurated by any allopathic medical college.

The present position of our school is well stated in an article written by Dr. W. H. Watson, of Utica, and published in *Zell's Popular Encyclopedia and Universal Dictionary*, under the word "Homœopathy," and republished in the eighth volume of the *Transactions of the New York State Homœopathic Medical Society*. Homœopathists are there designated "the modern school of rational and liberal physicians." The word *homœopathic*, as referring to a *sectarian class*, is omitted. To such a sect in medicine, the liberal adherents of both schools do not desire to belong.

The last legislature of this State voted appropriations to medical institutions of about six hundred thousand dollars, nearly one-third of which was given to those under homœopathic auspices. One hundred and fifty thousand dollars was voted to a State Homœopathic Insane Asylum, provided an equal sum be raised from private sources. Dr. Foote, the Superintendent, has been actively engaged, during the past season, canvassing for subscriptions, and has met with such decided encouragement that there need be no doubt regarding the establishment of the asylum. A magnificent ball\* in behalf of the asylum fund is to be given by ladies in New York and Brooklyn, at the Academy of Music, in New York city, January 10th, 1871. A report of the Superintendent, and a plan of the buildings will be published in the eighth volume of the *Transactions of our State Medical Society*.

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\* This ball was given at the time appointed, and the most sanguine expectations of its managers, in every respect, were more than realized.—  
ED. H. M.

## EDITORIAL NOTES.

THE CASE OF DR. W. H. H. NEVILLE. On Monday, the 17th of October last, a living newly-born infant was alleged to have been found by some women in a small stream known as Cohocksink Creek, lying in the northwestern section of the city of Philadelphia. These women claimed that the babe had been thrown into the creek from a bridge which spanned the stream, by a man who alighted from a carriage which he had halted upon the bridge, and that, having committed the act, he deliberately drove away. The description of this man and of his horse and wagon, given by these women, led to the arrest, on the following day, of Dr. W. H. H. Neville, a homœopathic physician of the city in large practice, and a man of the highest respectability, on the charge of having thrown the child into the creek. The daily papers of the city, on the day following the Doctor's arrest, contained a full account of the finding of the babe, of the arrest of the supposed criminal, and of his preliminary examination and committal for trial by a magistrate. He was engaged in visiting his patients when he was thus hurried away by the strong arm of the law, and was scarcely able to communicate with his friends before he found himself confined within the narrow limits of a gloomy prison cell.

The members of the profession who were acquainted with Dr. Neville, and his friends and patients, were greatly agitated, and even horror-stricken, on reading the account of his arrest and committal upon a charge so dreadful in its nature. But there was scarcely a moment in which one of all these persons doubted his entire innocence; for his character for uprightness was too well established to be shaken by even the rude blast that had thus assaulted it. Soon, too, it became known that Dr. Neville would be abundantly able to prove, by numerous witnesses, the impossibility of his having committed the felonious act with which he stood charged, from the fact of his having been elsewhere at the time of its alleged perpetration.

On Tuesday, January 24th, upwards of three months after his arrest, the case came up for trial in the Court of Oyer and Terminer. The witnesses for the prosecution—the women before alluded to—were sworn, and testified that Dr. Neville was the man they had seen drive upon the bridge on the morning of October 17th, and throw something into the creek, which they subsequently found to be an infant inclosed in a cigar box. For the defence, numerous witnesses were called, all of whom were of the highest respectability, who testified to having known the Doctor for periods of time ranging from his childhood to a more recent date, and all of whom testified to the excellency of his character. The defence was an *alibi*, by which the charge pending against him was clearly, convincingly, and undoubtedly refuted, by the testimony of a great number of witnesses who confirmed each other's statements in a most

remarkable manner, and who presented a history of all his movements on the eventful morning in October, for a period of time of an hour and a half previous to the commission of the crime until two hours and a half afterwards. At the conclusion of this evidence, the prosecuting attorney reviewed the testimony, and said that he would submit the bill under a conscientious conviction of the innocence of the defendant, and ask the jury to return the only verdict they could possibly arrive at, of *not guilty*. The Judge (Hon. James Allison) spoke of the proof of an *alibi* by the defence, and remarked, that while such defences were often doubtful and sometimes dangerous, in this case it was complete and perfect, and he knew of no case in the history of criminal jurisprudence, in which a defence of this kind was so thoroughly established, every moment of time of the 17th of October having been accounted for by the most respectable witnesses. Judge Paxson concurred entirely in the course pursued by the prosecuting attorney, and in the remarks of Judge Allison. The jury then, without a moment's hesitation, rendered a verdict of *not guilty*. The rendition of the verdict was received in silence, but it was very evident that nothing short of a profound feeling of respect for the dignity of the court could have prevented an outburst of feeling on the part of the audience who densely crowded the courtroom. Doctor Neville was thus triumphantly vindicated and liberated, and immediately became the centre of a wild and exultant group of enthusiastic and congratulating friends.

The most charitable construction that can be put upon this extraordinary case is, that it was one of mistaken identity; and we do not care to regard it in any other light. It is doubtless true that the district attorney did his *duty* in the matter, but it is equally true that he did not go beyond it in the interest of *humanity*. Dr. Neville was arrested upon the most weighty charge that can be imputed to a human being; he was hurried away from his friends without opportunity for arranging his business, his practice was broken up, his name was stained by an unjust accusation, and he was doomed to undergo imprisonment in close confinement, and to suffer great pecuniary loss, while his trial was delayed from time to time, against his most earnest wishes and applications, and in spite of the most powerful influence that could be brought to bear by his friends; and yet such is the operation of our laws that he seems to have no redress, and must rest content with the fact that after three most unhappy months, he is pronounced guiltless of a crime he would no more think of committing than would the hapless murdered infant. If he *can* be consoled, it must be by the thoughts of the many acts of kindness he met with at the hands of warm friends, professional and lay, who constantly visited him during his imprisonment, assured him of their undiminished respect and esteem, and did all that lay in their power to ameliorate his condition, and to convince the world of his innocence and of his integrity. Surely a man who can inspire such warm and enduring friendships must have great and noble qualities of head and heart. He



stands to day a free man, with his reputation not only vindicated but burnished by the ordeal through which he has passed; but he deserves the warmest sympathy of the community of which he is an ornament, and especially of his professional brethren throughout the entire country.

**DEATH OF GEORGE H. DUHRING, M.D.** Dr. George H. Duhring, one of the older homœopathic physicians of Philadelphia, died at his residence in that city, on the 23d of January, in the sixty-eighth year of his age. Dr. Duhring received his literary and medical education in Germany, but came to this country many years ago, and conducted, for a number of years, a large and lucrative practice.

**REMOVALS.** Wallace McGeorge, M.D., has removed from Crescent, Saratoga County, N. Y., to Woodbury, N. J., where he has associated with Daniel R. Gardiner, M.D.

Howard S. Campbell, M.D., has removed from Philadelphia, to Ashland, Pennsylvania.

**THE NEW YORK ASYLUM FOR THE INSANE.** We learn with great pleasure, that Dr. George F. Foote is meeting with encouraging success in his efforts to obtain from private sources, the one hundred and fifty thousand dollars required to secure an equal sum appropriated by the New York Legislature for the establishment of an asylum for the treatment of the insane upon homœopathic principles. The recent brilliant ball in aid of the fund, at the New York Academy of Music, was a great success, and realized a large sum in aid of the institution.

**THE ALBANY CITY DISPENSARY.** This noble charity is in a most flourishing condition, as exhibited by its third annual report. The statement of the resident physician exhibits a large increase over the previous year in the number of patients treated, while the income of the association was greater than the outlay. The comparative summary of visits and prescriptions made during the years 1868, 1869, and 1870, is as follows: In 1868, 1539; in 1869, 5269; in 1870, 7554. Total in three years 14,389. The report for 1870 shows that during the year 829 surgical cases were treated, and 6725 non-surgical or medical cases, while the number of visits made was 3091. The resident physicians, Drs. Carpenter and Smithwick, were complimented by the Board of Managers, for the prompt and effectual manner in which they had performed their duties during the year.

The medical and surgical staff of this Dispensary is made up of the most distinguished homœopathic physicians of Albany. It is very gratifying to note the success attending such well-directed efforts for the propagation of homœopathy and the benefit of humanity as this.

**GERMANTOWN HOMŒOPATHIC DISPENSARY.** This Dispensary was established in July, 1869, by the efforts of the attending physician, Dr. Mahlon M. Walker, of Germantown, and is supported by subscriptions received from the friends of homœopathy. The report of the attending physician for the five months ending December 31st, 1870, shows the num-

ber of cases treated to be 285, of which 252 were cured, 32 were relieved, and 1 died; number of visits made free of charge, 325; and number of prescriptions furnished, 631. Nine of the cases were surgical, nine were obstetrical, and thirteen vaccinations were successfully performed. The annual report, submitted July 31st, 1870, exhibited a total number of cases treated of 330; so that it will be perceived that this charitable institution is likewise extending the area of its benefactions.

**MORTUARY EXPERIENCE.** The Homœopathic Mutual Life Insurance Company charges less to homœopaths than to others. This feature involves the keeping of an exact registry, and the result of the experiment, we learn, has been as follows: of 3200 policies issued, 2700 are on homœopathic and about 500 on allopathic lives. The company has paid seventeen losses; three of the deaths were accidental or by violence, nine were among the 500 allopathists insured, and only five in the list of homœopathic risks. This goes to show, either that homœopaths take better care of themselves, or that that system of medicine is more successful than the old. One good result of the different schools of life insurance in this country is, the large increase in the number of persons who get insured, and the vital and other statistics issued by the different companies, from time to time, should interest all, as every head of a family should have his or her life insured.—*N. Y. Tribune*.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.** The twentieth annual session of this Society will be held in the City Hall, Albany, on Tuesday and Wednesday, February 14th and 15th, 1871. The annual address before the Society will be delivered in the Assembly Chamber, on the evening of the first day, by Dr. Robert McMurray, of New York. There will doubtless be a large attendance and an interesting and instructive meeting. Dr. Carroll Dunham, Chairman of the Bureau of Materia Medica, is engaged in collecting and verifying provings of Cactus; and this Society, by a resolution adopted at its semi-annual meeting in September last, agreed to send all reports of provings, and clinical records of that remedy, to Dr. Dunham; it is confidently expected, therefore, that Dr. Dunham will, on the occasion of the annual meeting, present an elaborate and valuable report on the use of Cactus.

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#### RESOLUTIONS ON THE DEATH OF DR. W. WILLIAMSON.

At a meeting of the Hahnemannian Medical Institute of the Hahnemann Medical College, held December 21st, 1870, the following preamble and resolutions were adopted:

*Whereas*, It has pleased God, in his inscrutable wisdom, to remove from a wide sphere of usefulness Walter Williamson, M.D., Emeritus Professor of Hahnemann Medical College and founder of our Institute; and

*Whereas*, We, as members of the Institute and students of the College,

have learned to respect him as an able instructor, and to honor him as an eminent member of the medical profession; therefore

*Resolved*, That in the death of Dr. Williamson the cause of Homœopathy has lost a strong supporter; the Institution of which we are members a tried friend; and ourselves a faithful teacher, whose memory will ever remain fresh in our hearts.

*Resolved*, That we tender to his afflicted family our heartfelt sympathy and condolence; and that while we bend in humble submission to the mysterious providence that has removed him from our midst, his high Christian character gives us the assurance that our loss is his gain.

*Resolved*, That a copy of these resolutions be transmitted to the family of the deceased, and to the Journal of Homœopathic Materia Medica, and the Hahnemannian Monthly, for publication.

W. F. EDMUNSON,  
Rec. Secretary.

W. H. BIGLER,  
C. D. CRANK,  
C. M. THOMAS,  
Committee on Resolutions.

PHILADELPHIA, December 24th, 1870.

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PHILADELPHIA, Dec. 22d, 1870.

At a meeting of the Faculty of the Hahnemann Medical College of Philadelphia, held at the College Building, December 20th, to take action upon the death of Walter Williamson, M.D., Emeritus Professor and Lecturer on Hygiene, the following preamble and resolutions were unanimously adopted:

*Whereas*, in the providence of God, our colleague, Walter Williamson, M.D., has been taken from among us; and

*Whereas* we desire to put upon record our esteem for one who for so many years has been an honored member of the Faculty of the College, as well as a beloved friend; therefore

*Resolved*, That in the death of Dr. Williamson, one of the founders of this institution, we have sustained the loss of an eminent teacher, a wise counsellor, a judicious officer, and a faithful friend, who for over twenty years has assisted in guarding its interest and promoting its welfare.

*Resolved*, That this Faculty will remember their departed friend with the regard inspired by long and pleasant association, and that we feel his death to be a personal bereavement.

*Resolved*, That we tender to his afflicted family our heartfelt sympathy and condolence, yet rejoice in the consolation, that while he has been removed from them and from us in the maturity of his intellect, his high religious character and walk afford the assurance that this event, so sorrowful to us, is his entrance to everlasting joy.

*Resolved*, That we will attend in a body the funeral of our departed associate.



*Resolved*, That these resolutions be printed in the papers of this city, and that the registrar transmit a copy of them to the family of our deceased brother.

Attest :

RICHARD KOCH, M.D.,  
Registrar of the Faculty.

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At a meeting of the undergraduates of the New York Homœopathic Medical College, held Wednesday evening, December 21st, 1870, the following preamble and resolutions were unanimously adopted :

*Whereas*, We have heard with sorrow of the death of Walter Williamson, M.D. ; therefore

*Resolved*, That we tender our sympathy to the members of his afflicted family, thus deprived of a kind husband and father.

*Resolved*, That we recognize the eminent and long-continued service in the cause of humanity by the deceased in the practice of his profession, his able support of homœopathy for many years, and his claim upon the gratitude of those who have received from him the principles of a sound medical education.

*Resolved*, That we deplore this loss, and will strive to be worthy followers of his good example.

*Resolved*, That we offer this expression of our views to sympathizing friends through the Faculty of our College.

E. L. SCHMUCKER, M.D.,  
E. CARLETON, JR.,  
S. W. GOODRICH.

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At a special meeting of the Davidson County Society of Homœopathic Physicians and Surgeons, on the 20th inst., the following preamble and resolution were unanimously adopted :

*Whereas*, We have heard, with profound sorrow, of the death of our distinguished colleague, Walter Williamson, M.D., on the 19th of December, therefore

*Resolved*, That our Secretary be instructed to express to the family of the deceased our sincere feelings of condolence and sympathy, with the confident hope that He who has so often been the guide of the departed husband and father in his ministrations to the sick, will, in no wise, leave them comfortless.

J. P. DAKE, M.D., *Secretary.*

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# SEMI-ANNUAL MEETING OF THE BERKS AND SCHUYLKILL (PENNA.) HOMŒOPATHIC MEDICAL SOCIETY.

THE Society met at the residence of Dr. C. H. Haeseler, in Pottsville. The minutes of the previous meeting were read and approved. The Board of Censors reported favorably on Dr. Miller, of Mahanoy City, and Dr. Lentz, of Fleetwood, who were accordingly elected members of the Society. The report of the Treasurer was read and approved. A letter of excuse for absence from Dr. Dreibelbis was read and accepted.

A resolution by Dr. C. Haeseler, Sr., to follow strictly the precepts, and keep in sacred respect the memory of Hahnemann, was offered and approved.

Dr. E. H. Spooner read a paper on Scarlatina. The paper was ably written, and replete with instruction to the members of the Society.

Dr. F. W. Boyer, of Pottsville, read an able article on Diarrhœa in children. He drew the distinctions between simple uncomplicated diarrhœa and the disease as it frequently supervenes upon other diseases, and finally gave a brief but practical synopsis of correct homœopathic treatment.

Dr. S. R. Rittenhouse, of Reading, read to the Society an interesting account of his conversion from allopathy to homœopathy.

Dr. Haeseler, Sr., related an interesting case in his early practice, which, on motion of Dr. Spooner, was recorded in the minutes.

The officers elected for the coming year are:

President—R. F. Krebs, M.D., Hamburg. Vice-President—B. R. Bratt, M.D., Reading. Secretary—C. B. Dreher, M.D., Tamqua. Treasurer—E. H. Spooner, M.D., Reading. Censors—S. R. Rittenhouse, M.D., W. F. Marks, M.D., F. W. Boyer, M.D.

Orator for next meeting—S. R. Rittenhouse, M.D.

Place and time appointed for next meeting, Leesport, Berks County, on the last Tuesday in April.

Before retiring from the Presidency of the Society, Dr. C. H. Haeseler offered some appropriate and eloquent remarks.

## CENTRAL N. Y. HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, N. Y., December 15th, 1870.

THE Central New York Homœopathic Medical Society met at Dr. Hawley's office to-day. The President, Dr. Charles Sumner, of Rochester, in the Chair. Present—Drs. Sumner, Clary, Wallace, Parsell, Schenck, Miller, Stow, Palmer, Gifford, E. Loomis, Frye, Gwynn, Dada, McManus, Southwick, and Benson. The Secretary and Treasurer's report

of the last meeting, read and accepted. Drs. Clary and Schenck were appointed a Committee on Credentials, who reported the name of Wm. M. Sprague, M.D., of Auburn, for membership, who, upon ballot, was duly elected a member of the Society.

Reports on medical subjects being next in order, Dr. Stow presented clinical contributions, as follows:

A case of blind hæmorrhoids of long standing, complicated with other derangements of the system, cured entirely with Sulphur<sup>55m</sup>, three powders. A case of tertian ague cured with Natrum muriaticum<sup>2c</sup>, two prescriptions. And a case of uterine polypus accompanied with many very aggravating symptoms, which are rapidly being relieved with Pulsatilla<sup>6m</sup>, six powders only as yet having been given.

The subject of non-ligation of the funis, which lately has agitated the profession, being called up, an instructive discussion followed, in which members present participated, and during which an article on the same subject in the *Hahnemannian Monthly* was ordered to be read. At the close of the discussion, the following resolution was adopted:

*Resolved*, That the members of this Society, whenever they deem it practicable and safe, gather experience by practicing non-ligation of the funis.

Dr. Miller presented a very interesting paper entitled, "Characteristics invaluable in Diagnosis and Therapeutics," in which he showed an enviable familiarity with this subject so essential to all practitioners of true homœopathy. (See p. 313.)

Dr. Sumner reported a case of leucorrhœa, which had received continual treatment for nearly fifteen months by three allopathic physicians, without any benefit. The case was an unusually severe one, and rapidly grew worse all the time. When it came into the Doctor's hands he administered Sepia<sup>2c</sup>, a dose every third night for four weeks, at the end of which time the patient was entirely cured. The Doctor also reported a case of membranous croup cured with Bromine tincture by inhalation.

The subject of bandaging after parturition was next discussed at length. Many arguments were advanced, both *pro* and *con*. All who had tried this comparatively new idea of dispensing with the bandage, expressed themselves strongly in favor of this practice, and argued that the time is not far distant when another once universal custom will be numbered with the past.

Dr. Miller introduced a patient to the Society who was afflicted with cataract. The patient had been totally blind in one eye for five years, and in the other so much so as not to be able to distinguish objects at all, except under the most favorable circumstances. The case has been under treatment by the Doctor for the past six weeks. The remedy employed is Calcarea carbonica<sup>6m</sup>.

A decided improvement is to be seen in the case. Sight has been partially restored to the blind eye. The patient can now discern objects



across the room, and everything promises a permanent cure at no very distant day.

Dr. Stow spoke on the subject of temperance, and claimed that physicians should take radical grounds in its favor. He indorsed in strong terms, an article on the "Physical Evils of Alcohol," in Dr. R. R. Gregg's *Quarterly*, Vol. I, No. 1, published at Buffalo.

Dr. Miller spoke in the same manner of tobacco, and cited his own case where the continued use of the drug had induced heart disease. He also stated that he had known the same effect to be produced in half a dozen other cases.

Drs. Clary and Loomis also spoke, indorsing Drs. Stow and Miller's remarks, and Dr. Loomis offered the following, which, upon motion, was adopted :

*Resolved.* That Dr. Stow be requested to bring in at the next meeting of the Society, suitable resolutions upon the subject of alcoholic stimulants as medicine, to be acted upon at that time.

On motion, the articles presented at this meeting were ordered to be referred to the Publication Committee, and the thanks of the Society were ordered to be tendered to Dr. A. Lippe, of Philadelphia, for the printed copies of his article on "Liberty of Medical Opinion and Action," which he had so kindly sent to the Society.

Adjourned to meet again at the same place, March 16th, 1871.

P. OSCAR C. BENSON, *Secretary.*

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## ANNUAL MEETING OF CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

DR. F. W. PAYNE presented the following report of cases cured :

### SCIATICA.

Mr. A. C. H., aged about 45 years; thin and tall; has been troubled with attacks of sciatica, more or less severe, for several years, affecting at times one, and again the other leg. The present attack has been more severe and persistent than ever before. His professional attendants (allopathic) had tried for some time to remove the difficulty, but totally without success, the only rest and ease being mostly obtained by opiates. He had never employed homœopathy before, and now is induced to do so as a *dernier ressort*, feeling desperate enough to resort to even *that* for relief.

On the 27th of January, 1870, was first called to see him; found him lying on his right side, turning and writhing under pain, which was not so very acute, but very distressing; his *left* thigh felt as though it had been hacked and bruised throughout its whole extent and substance;

dull, dead, continuous ache in the left tuberosity of the ischium, very sensitive and much aggravated by pressure; great feeling of lameness in the sacral region, extending to the hips; pain throughout whole extent of leg, but more particularly in hip, thigh, and just below knee; pain in leg much worse at night, when he can only lie on the affected side, although he has no trouble in lying on either side during the day, also aggravated while lying in bed, whether by night or day; pain in leg much increased by walking, with loss of strength, so much so as scarcely to be able to support his own weight on that limb, and totally unable to lift his leg or support his weight long enough to attempt to go up stairs; usually relieved by heat applied to the affected limb, occasionally by the application of cold, and sometimes only by suddenly changing from one to the other, while at other times no relief is experienced from any expedient; has a chilly, cold feeling running over the affected thigh occasionally; generally worse during damp weather and from movement; contraction and feeling of tension of the flexor muscles, preventing proper extension of the limb, with painfulness during motion; this condition had been present for some time preceding the present attack; appetite continues good; bowels always costive.

Has been troubled for a long time with a pulsation and buzzing in the left ear, with a discharge, more or less profuse, of a tenacious, ropy substance, and difficulty of hearing.

The remedy chosen was *Zincum oxydatum* 30, which has under its proving, "*Pain in small of back at night, on turning in bed. Feeling of lameness, extending to the hips. Bruising pain of the lower limbs, also particularly of the left, or in the hip and knee-joints. Tension in the left lower limb. Tension in the muscles and painfulness during motion. Pulsation and buzzing in the ears, with increase of liquid wax and difficulty of hearing.*"

This remedy cured the case very rapidly and permanently, making a convert of both himself and family to the law of "*similia similibus curantur.*"

#### CHOREA.

Miss M. M., aged 13 years, growing rapidly, quite tall; had been nervous for some time preceding this attack, characterized by a tendency to start; general uneasiness while sitting and an almost constant desire to change her position, although feeling very languid.

When called upon to prescribe, found the whole muscular system affected, particularly the *right* side; involuntary movements of the facial muscles and distortions of the mouth, producing an idiotic expression; rolling of the injected eyeballs; styes on the lower lids; extending, withdrawing, and lateral motions of the tongue, making it almost impossible for her to articulate but two or three words at a time; collection of ropy, soap-like saliva in throat and mouth; irregular and uncontrollable motions of the head, with a tired feeling of neck, as if not strong enough to support the head; spasmodic contractions of the dorsal muscles, sliding her off from the chair or sofa on which she is sitting; great difficulty in

grasping an object with the fingers of left hand, and total inability to do so with the *right*; overreaching or not reaching far enough; right hand and arm feel slightly numb; the arm aches from supporting its own weight, and the temperature is considerably less than that of left; feet almost constantly in motion, crossing and recrossing, the ankle of right foot is spasmodically bent, even while sitting, being thrown mostly inward, and the left ankle turns from weakness, while supporting the weight of body; herpetic eruption about mouth and chin, more particularly in the corners of the mouth, and a crack in median line of under lip, quite sore to touch; inability to control her feelings, trifles cause her to cry or laugh; great feeling of languor the most of the time; appetite poor; unable to feed herself; gradual emaciation; while sleeping lies perfectly quiet, but immediately on waking these involuntary motions begin and continue till sleep again next night; wakes often very early in the morning.

Treatment was begun April 21st, 1870; two or three remedies had been given with doubtful efficacy, though in the meantime the disease had changed considerably over to the *left* side.

May 16th, she received one dose of *Sulph.* 6<sup>m</sup> on the tongue, followed by *sacc. lac.*, till June 10th, it having been repeated but once in the meantime; up to this time she had gained very decidedly, had largely recovered control of the limbs and general muscular system; now she began to be troubled with a throbbing headache, principally through forehead and base of brain, aggravated while in hot sun and after taking a walk; hawks saltish mucus from the throat; she sees a bright star to the right side, which she is constantly induced to follow with her eyes, which however recedes as fast as she turns her eyes; mistiness of vision, sees as through a gauze; she sees only half of the object to the right of that particularly looked at, though it would naturally fall within the field of vision; feels very desponding, does not care to get well, nor to do anything to assist in gaining that object; very peevish and easily vexed. Gave one dose *Calc. c. 1<sup>m</sup>*, with very pleasing effect; has now gained perfect control of the body; optical illusions have disappeared; spirits good, and now only a slight headache remains, which troubles her more or less each day, and an occasional attack of epistaxis.

The symptoms which first drew my attention to *Sulph.* as the proper remedy, were the herpetic eruption on the face, more particularly in the corners of the mouth; styes on lower eyelid, and the idiotic expression of countenance; after studying the remedy carefully, found many symptoms of *Sulph.* present, more particularly the mental condition.

The *Calc. carb.* was chosen on account of the extreme peevishness and susceptibility to mental impressions, and because it follows well after *Sulph.*; the headache of a throbbing character in the occiput is at present under *Calcarea*, but the aggravation is somewhat at variance with that of the disease, although the general picture proved to be well covered by the remedy.



Dr. THOMPSON thought the case of chorea was cured by leaving school, and not by the remedies.

Dr. BELL learned, on inquiry, that the case had existed in this form and with the premonitory symptoms for about a year, and did not believe that any amount of correct hygiene was sufficient for the cure of such a malady. Dr. Payne's skilful selection of the antipsoric remedies was the evident cause of cure.

Dr. W. E. PAYNE remarked that he had cured a case of chorea almost immediately, that had been for a year under the care of a prominent physician of Boston, who uses, he believed, only the low attenuations, and also under the treatment of other physicians of the same methods, with one dose of Stramonium, 200. He does not now recall all the symptoms, but a sardonic grin was very prominent, and, on any attempt to pick up any given object on the floor, as a coin, for instance, the hand would steer quite wide of it in spite of the best efforts of the patient. This symptom is not uncommon. Has also cured other cases with high potencies of Ign., Caust., Calc. c., and Hyos., among other remedies.

Dr. PULSIFER thought that the remedies given by Dr. F. W. Payne corresponded with the case, and does not see why they should not be regarded as the cause of cure.

Dr. W. E. PAYNE remarked concerning sciatica, that these cases were often very difficult to cure. Remembered having had one case which had puzzled him a good deal to find the appropriate remedy, until he gave Staphysagria, 30, and made thereby a fine cure. The prominent symptoms were, exceedingly severe pains in right leg, extending into the genital organs, and particularly the testicles; the attacks being followed by great prostration.

Dr. THOMPSON thought that all this fine distinction of symptoms was of very little value. The results, in his opinion, were just as good when medicines were prescribed on more general indications, as formerly when the most common prescription was Acon. and Bellad. in alternation.

Dr. PAYNE did indeed formerly give medicines in alternation, but tried then to give the remedies most closely indicated by the symptoms. If one remedy is appropriate and the other not, the latter may not indeed prevent the action of the former, but is at least useless. Believes, by the way, that the true remedy, particularly if given in a high potency, is little disturbed in its action by other agents, even condiments, &c., unless they are evidently producing or aggravating causes of the sufferings. Rarely prohibits any article of diet that is not directly injurious to the patient.

#### INTERMITTENT FEVER.

Dr. WM. E. PAYNE said, a case of intermittent fever passed through his hands some six months since, the termination of which was to him very gratifying, while it afforded additional proof of the power of high

potencies. A statement of the case might be of some interest to the Society.

Mr. P., aged about 30 years, while in the army, and near the close of the war, had a severe attack of *diphtheria*, which resulted in almost total *paralysis*. From this he slowly recovered in the course of about nine months. Two years ago, while conducting business near Norfolk, Va., he contracted *tertian intermittent fever*, which was treated by large doses of *quinine*, and for a time suppressed. In a few weeks the chills returned, when *quinine* was again used with the same result. But in spite of the controlling influence of this anti-febrifuge, the paroxysms would recur; and it was at length observed that a chill came regularly every eleventh day. The patient felt confident that the chills had been held in check by *quinine* taken at the time; but he was miserable and discouraged; and every other means having failed, he was disposed to try homœopathy.

The symptoms were: *Chill beginning at about 10 o'clock, a.m., first felt in the toes and ends of the fingers, extending thence over the whole body. Drawing pains in the limbs during the chill, and violent headache, increased during the last stage; great sensitiveness to cold air, even after the chill had passed off. During the fever simply raising the bed covering seemed to him like the application of cakes of ice to the body. The fever stage was ushered in with vomiting, and attended by delirium; great heat of the head; the headache, which commences with the chill, continues unabated during the fever, and is greatly aggravated by raising the head and coughing; ringing in the head and ears during and after the headache has passed away, with dizziness and loss of sight when turning the head, and when rising from stooping. Very obstinate constipation, which had been present ever since the attack of diphtheria; bowels moved only about every tenth or eleventh day, except by the employment of strong purgatives. Appetite very poor.*

Now in this case, the appearance of the *chill at about 10 o'clock in the forenoon, beginning in the toes and fingers, with drawing pains in the limbs*, led me to think of *natrum muriaticum*. After a careful study and comparison of the symptoms, I decided to give it. I accordingly prepared two powders of the 5<sup>m</sup> potency, and directed that they be taken twenty-four hours apart, to be followed by a powder of *sacch. lac.* each night thereafter until the eleventh day had passed, reckoning from the time of the last chill. When the eleventh day came the usual premonitory threatenings came with it, but there was no decided chill. The *sacch. lac.* only was continued, and neither the chills nor the threatenings have since returned, now a period of more than six months. The constipation also speedily disappeared without a change of diet, or the employment of any mechanical appliances.

He would in this connection speak of a case of

#### PULMONARY TUBERCULOSIS,

which might be of some interest to the members of the Society, though

sufficient time had not elapsed since the beginning of the treatment, and the health was not sufficiently firm to enable him to report the case as a cure. Sometimes when a case of this character had convalesced favorably, and to all appearances had quite reached the cure, an unaccountable change occurs—the disease again makes headway, and despite of every effort on the part of the physician, proceeds on to a fatal termination. This contingency, he thought, should always be borne in mind when speaking of the cure of pulmonary tuberculosis. The case was that of a married lady aged 30 years. Six weeks previous to the time when he was called, and after several months of ill health, during which time she had a hard, almost convulsive cough day and night, pulmonary hemorrhage ensued. In a very short time about a pint of fresh blood was raised. Four weeks later another attack occurred, but the quantity raised was somewhat less. The hard cough seems to have been relieved by the hemorrhage, for its violence very soon abated, and at no time after this did it reach its former severity. The symptoms at the time he took charge of the case were: *throbbing ache, and stitching pain in the left infra-clavicular region, extending thence through to the left shoulder-blade, aggravated by making a deep inspiration. Sensation of burning in the left chest,* with occasional flushes of heat over the whole body, but more intense in the face and head. Pulse 110, and small. Chills every forenoon for weeks before the hemorrhage occurred, with afternoon fever and flushed cheeks, and sweating at night during sleep. But no chills have occurred since the hemorrhage, though a moist skin as if wet with water, has been almost constantly present, together with easy perspiration. Emaciation considerable and rapidly increasing; great weakness, confining the patient to her bed, and hectic flush of one or both cheeks in the after part of the day. Menstruation regular as to time, though lessening in quantity. The respiration was not much accelerated, which he regarded as a favorable indication in the case. Percussion revealed dulness in the left subelavicular region, and auscultation a diminution of the vesicular murmur in the upper part of the left lung.

This case had been examined previously by two physicians, both of whom pronounced it one of pulmonary tuberculosis; with which opinion he fully concurred.

Dr. Raue in his admirable Handbook of Pathology, page 183, mentions as an indication for the use of *myrtus communis* in *pulmonary tuberculosis*, “stitching pains in the left chest from the upper portion straight through to the left shoulder-blade, worse from breathing, yawning, and coughing.” The recollection of this brought to mind a fragmentary proving of the *myrtus communis*, furnished by Dr. Wahle, of Rome, and communicated in 1851 to the *North American Homœopathic Journal*, vol. i, page 74, by Dr. Hering, viz.:

“Stitching in the left chest, through to the back, under the shoulder-blade, resembling those which frequently appear in tuberculous patients.

“Hepaticization of the left lobe of the lung.



"Catarrhal fever, with pain in the elbow and knee-joints, with dry, hollow cough, caused by tickling in the upper and front part of the lungs, especially in the morning—less in the evening, accompanied by lassitude in the afternoon."

Upon these symptoms Dr. Hering remarked: "Several homœopathic physicians in Philadelphia, besides myself, have used the 3d attenuation in cases like the above, with great success." The symptoms of the proving, and the clinical confirmations by Dr. Hering and others, determined him to use the *myrtus* in this case. Two doses of the 8th potency were given in two successive days, to be followed by *sacch. lac.* for two weeks. At the end of two weeks he found his patient apparently improved. *Sacch. lac.* was continued; and but once, for several weeks, did he repeat the *myrtus*. After about eight weeks the patient resumed her household duties, and continued very well for several months. Now the disease shows signs of returning, and the patient is again taking *myrtus*; but the indications for its use are not so strong as before. Other remedies may be needed to advance and complete the cure. His object in mentioning the case at this stage, was to direct the attention to the *myrtus*, of those members of the profession who may have similar cases, that accumulated observation and experience may determine its true relation to pulmonary tuberculosis. Dr. Payne said he would state one more case, which was of far more interest to him than either of those mentioned; and he hoped it would prove of no less interest to his brethren of the profession. The case was one of

#### EPILEPTIFORM CONVULSIONS,

which occurred in the course of a lingering convalescence from an attack of peritoneal inflammation. The history of the case is briefly this: soon after recovering from an attack of *varioid*, and after having gratified a voracious appetite, the patient was seized with severe pains in the abdomen, which rapidly developed into declared peritonitis. The case was under what might be regarded as enlightened allopathic treatment; and at the expiration of four weeks, his medical attendant thought him sufficiently recovered to undertake to reach his home by rail, some one hundred and fifty miles distant. The journey, however, proved too fatiguing, and from that time convalescence ceased. The pulse was quick and small; abdomen tender to pressure, more in the left iliac region; unable to stand erect; frequent loose fecal discharges, often mixed with mucus, and accompanied with much flatus; cutting, and sometimes griping pains extending from the left side across the hypogastrium, more endurable when lying upon the abdomen, or with the knees drawn closely up; tongue red; urine scanty, with copious sediments of red sand; great restlessness—disposition to move from place to place, and easy perspiration. The patient remained in this condition, with very little variation, except general and gradual emaciation, for nearly eight weeks, a part of the time nominally under homœopathic treatment, but constantly, as was

afterwards learned, under the influence of drugs prescribed by an officious mother, or recommended by a so-called "spiritualist."

On the night of the 27th of June, after a day somewhat more uncomfortable than usual, about midnight, he was seized with convulsions, which continued to recur about every twenty minutes unabated in violence, and without return of consciousness until about 4 o'clock of the afternoon of the 28th. The first convulsion occurred while the attendant was asleep; the premonitory signs, therefore, were not observed, and cannot be given. Each subsequent attack was heralded by restless movements of the limbs and body, a kind of lapping motion of the tongue, feeling of the face, and rubbing of the nose; contractions of the fingers of the right hand followed, then the left, with thumbs drawn into the palms; the arms became stiffened; the head was at first drawn to one side, either the right or the left, then backwards; mouth wide open; the right eye open and the left nearly closed—the eyeballs rolled upwards, and to the left; pupils largely dilated and unaffected by light, and lower limbs straight and stiff. Up to this period the muscles were in a state of tonic contraction; but now jactitations or twitchings commenced, first of the muscles of the face, extending thence over the whole body, rapidly increasing in severity till the entire muscular system became violently agitated, during which there was discharge of urine, and ejection of frothy, bloody saliva from the mouth. The convulsive movements now became less rapid and violent; the breathing heavy and stertorous, with the usual puffing of the lips at every expiration, which directly culminated in a deep-drawn sigh, and the patient sunk away into a comatose condition, from which no effort on the part of the attendant could rouse him. This quiet, however, was of short duration; the restlessness again returned, the convulsive movements succeeded, run through their course, and ended as before. Notwithstanding the employment of remedies as carefully selected as time and the exigencies of the case would permit, fifty of such paroxysms occurred in the course of about fifteen hours, with no sign, at any time, of returning consciousness during this whole period. As the paroxysms multiplied, the pulse became more and more rapid and thread-like; the extremities cold; the head and face increasingly hot; the body, and especially the hands and arms, bathed in a clammy perspiration; and the eyes became highly injected, shrunken, and lifeless in appearance. The case appeared desperate indeed. To human eyes the patient seemed to be wrestling with death, and the contest nearly closed.

At this point I remembered the proving of *Rana-bufo*, as translated by our friend Dr. Lilienthal, and published in the February number of the *North American Journal of Homœopathy*. Here I found on page 321, "loss of consciousness and falling down; tonic and clonic spasms; turgescence and distortion of the face; convulsive agitation of the mouth and eyes; sanguinolent salivation; involuntary emission of urine; repeated shocks through the whole body; the lower extremities are more in motion than the

upper ones; copious perspiration running down the face." If these are genuine symptoms, this medicine above all others, should have been tried in this case; but hadn't it come too late? Unlooked for and marvellous changes in the progress and termination of acute diseases under homœopathic treatment had long since determined me never to yield a case while the lungs respired and the heart beat.

The issue in this case lent additional thought to this resolution. *Rana-bufo* of the 30th potency in water, was put into the mouth, but not swallowed for some five minutes, and then only after the fluid had insinuated itself into the larynx and produced strangling. But two more convulsions occurred after the first dose, and these were much modified. Spasmodic drawing of the fingers and threatenings continued to recur at lengthening intervals; but it was only after several hours that the patient returned to full consciousness. The *Bufo* was repeated at first every half hour, then at longer intervals as improvement advanced. Under its continued use the abdominal tenderness disappeared, and the patient recovered his former health.

I have no doubt that the *Bufo* saved the life of the patient, but it was by mere chance, apparently, that he got it; and this circumstance forced upon my convictions anew the difficulty under which the physician often labors, in consequence of the defective condition of the *materia medica*. There are many valuable provings scattered through our periodical publications, accessible to those only who may happen to be subscribers; and even he who may have the provings in this form may not be able to recall the fact and place his hand upon them when most needed. It is my firm conviction that a rich pecuniary reward awaits whosoever will undertake and carry through the publication of a *mat. med.* which shall embrace all the provings of the present time; and he who shall afterwards do the kindred work of making a complete index of the new *mat. med.*, so that the physician may be able to turn to any symptom he may wish to find, will reap a reward not less remunerative, besides securing the lasting gratitude of the profession.

Dr. THOMPSON said, that with all respect to the wisdom and judgment of Dr. Payne, he could not believe that the medicines given in either of these cases had anything to do with the cure, and particularly in the latter case. Cannot comprehend how a cure from such a remedy in such a preparation could take place.

Dr. PAYNE wondered how his friend, Dr. Thompson, could have any sort of belief in homœopathy at all. His mind seems closed to all evidence.

Dr. THOMPSON can easily believe in the virtue of the third attenuation of active remedies, like *Ars.*, *Bell.*, &c., but cannot conceive of the possibility of the action of the so-called high potencies of all sorts of substances, frogs, vermin, &c.

Dr. PAYNE said that a man who makes his mind up in that way re-



jects the very first principles of evidence. Skepticism in general is more credulous than belief, *i. e.*, it believes things more nearly impossible, and this is illustrated in the present case. Here was a man evidently in the very jaws of death, almost *in articulo mortis*. He had never seen a person in all his thirty years' practice so near to death who returned to life. There could be no reasonable doubt of his speedy dissolution. Now, on the administration of a certain preparation, the flickering life begins to revive, and soon full health returns. Surely sound reason dictates the conclusion that this result was *on account of* the administered potion. Only credulity could accept any other conclusion.

Dr. BELL presented the following :

#### APIS—A POISONING.

The messenger who summoned me to this case was a staid, oldish gentleman, not easily alarmed, but who desired me to go instantly, as he feared that his daughter-in-law was already dead. The lady was one of my regular patients; a robust, active woman of thirty-five, free from organic disease, and I did not therefore share the old gentleman's alarm, but nevertheless drove rapidly, about four miles, to the house. I found her reclining upon a sofa with her head raised, somewhat oppressed for breath; the whole face, but particularly the eyelids, cheeks, and nose much swollen, red, and œdematous. I learned that an hour and a half before, while standing at a table, had been suddenly seized with an acute pain just below the heart, soon extending up diagonally toward the right chest, and accompanied with great feeling of suffocation; it seemed as though she could not long survive for want of air; the face became purple, and also the hands, and she fell down; the sensation was as of a rapid swelling of the lining membrane of the air-passages, including the nose, which was entirely stopped. She took an emetic of wine of ipecac., and, whether *post* or *propter*, soon began to find relief by expectorating a great quantity of transparent, somewhat frothy, bloody mucus. She now felt a burning and heat, like what is popularly known as "prickly-heat" on the back, arms, and hands, with itching and the appearance of blotches, like nettle-rash, on scratching. No one suspected the cause, but from the appearance of the face I was led to make inquiries, which brought out the fact that a half hour before the seizure, while out in the orchard, she had been stung in the back part of the head by a honey-bee. I gave her Lachesis 200, and she rapidly recovered.

The following officers were chosen for the ensuing year :

DR. M. S. BRIRY, Bath, President.

" C. A. COCHRAN, Winthrop, Vice President.

" F. W. PAYNE, Bath, Secretary.

" W. E. PAYNE, Bath, Treasurer.

Adjourned to meet at Bath, January 18th, 1871.

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THE PLEA OF INSANITY AS A DEFENCE IN  
CASES OF HOMICIDE.

BY SAMUEL WORCESTER, M.D.

SEVERAL conspicuous trials for murder have been lately held in different States. One was the trial of General Cole, at Albany, for the murder of L. P. Hiscock; one the trial of S. M. Andrews, for the murder of Cornelius Holmes, at Plymouth, Massachusetts; a third the trial of Daniel McFarland, for the murder of Albert D. Richardson, in New York. In these trials the defence of insanity was raised, successfully in the first and last cases, and unsuccessfully in that of Andrews; but the notoriety of the cases, and the frequency with which of late years the plea of insanity has been raised, has excited an interest in the public mind, and a feeling that there was a conspiracy among the doctors and lawyers to "try the insanity dodge" on every occasion; so that when any notorious criminal is brought up for trial, it has come to be looked for, as a matter of course, that he will plead insanity. This has grown to be so much the case, that there seems to be danger lest we may rush from one extreme to the other, and from having erred on the side of leniency, become too harsh and unjust. It will be the object of the present paper to consider the past and present

doctrines of the legal responsibility of the insane, and then briefly endeavor to show what may profitably be done in the future.

It may be asked, "How can one whose business it is to treat disease know anything of law, or aid in explaining its difficulties?" My answer would be, that for the equitable administration of law, it is not only desirable, but necessary that information should be drawn from all branches of science, and that due weight should be paid to such conclusions as, though perhaps incapable of being demonstrated by science, are, nevertheless, often the only data on which we rely in determining our actions.

Whether an act be right or wrong is not determined by the act itself, for under different circumstances a similar act may be either; but it is decided by the motives which caused it, and the circumstances under which it was done: these things determine its legal relations and the responsibility of the individual. It must be acknowledged by all that the practice of the science of medicine affords to the physician a wide and ample field, with many opportunities for observing and studying the weaknesses of our nature; the influence of which in deciding the criminality of any given act, the law, with humanity and wisdom, does not overlook.

It is necessary, therefore, in every inquiry, to ascertain not only the motives which led to the performance of any particular act, but also the conditions giving rise to those motives, in order that we may determine whether the individual was at the time a free agent, and if so, to what extent, or whether he was constrained by any influence, and within what limit. Whatever takes away freedom of mental action, even in a slight degree, must necessarily modify the amount of moral or legal responsibility, for it is evident that any person is only responsible so far as he is a perfectly free agent. Among the causes which may take away this freedom are those external to him, and which occur while he is of sane mind, and those which



arise from within and are peculiar to each individual case. Among the latter, and coming within the scope of this article, are unsoundness of mind and the action which it produces on human motives, and this on legal responsibility.

That which is true as regards the legal relation of our deeds, is also and equally true of the psychological; the act in itself is no proof, either of the mental or moral condition of the actor; and the mere fact of the deed's being illegal, is no proof of the responsibility of the person committing the deed. If punishment is to be just, the person punished must not only have known at the time of his act that it was wrong, but also have been in the possession of power to abstain. If then the law recognizes as palliation or excuse the fact that an act, in itself criminal, was done under the coercion of others, it ought, with equal right and justice, to exonerate a person for similar acts done under coercion arising within the individual, which coercion, though not so patent as the former, is, nevertheless, as real, and frequently forces its victims into the commission of every species of crime, with a power that is, if anything, greater than that caused by the influence of others.

The law in relation to the legal responsibility of the insane is in a very imperfect state, and the only praise that we can give it is, that it represented the wisdom and social opinion of the age in which it was formed, and as we have progressed in civilization and enlightenment, the laws have been amended so that they are not quite so unjust as formerly. Yet a vast deal remains to be performed ere they can be said to reflect, with any degree of truth, the present state of our knowledge of insanity and its requirements. Since this is so, and the exposition of law is at variance with the teachings of science and the conclusions arrived at from observation and experience, an element of doubt has arisen in the administration of law, which is prejudicial to the interests of society, and

dangerous in the highest degree. Such is the unsatisfactory state of the law at the present time, as to the question of responsibility when unsoundness of mind is urged as a plea in criminal cases.

Certain qualities of mind, the possession of which is held by law to constitute responsibility, are known by every alien physician to be in the possession of most persons whose insanity is beyond all doubt, and who ought not in justice to be held responsible for their acts, though the law says otherwise. This is the reason why conflicts of opinion arise between medical experts and the courts, in cases where the question of responsibility occurs, and a great amount of uncertainty arises as to the effect of such conflicts upon the verdict of a jury. It frequently happens, however, that juries which are aware of the deep responsibility of their position, will give heed to the opinions of men whose long experience should lend them weight, and will render verdicts diametrically opposed to the plainly declared dogmas of the law. Instances are not few where even the judges themselves, after having warned the juries not to give heed to specious arguments and visionary theories of the medical expert, and after charging against them with the full weight of the law and their own official position, have in their private capacity, both by word and act, listened to the voice of their own nature, and given their approval to those same opinions against which, but a short time before, they had so earnestly declaimed. It is evidently very important that such discrepancies of opinion should be reconciled, and that in reference to the abstract principle of what constitutes insanity and a just ground for acquittal, the court and the expert should have a common ground of agreement, or else the trial must, of necessity, degenerate into a mere trial of skill and strength between opposing counsel, without the slightest regard to the interests of justice and right.

The cause of this disagreement seems to lie in a single

fact, viz., that the judges lay down the law in relation to responsibility in cases of insanity in the same way, and cite the same authorities as they did some two hundred years ago, instead of paying due respect to the knowledge and opinions of those whose experience and attainments should entitle them to consideration, and who have made the care of the insane the work of many years.

In the trial of Arnold, in 1723, the justice laid down the principle that, in order to exempt a man from punishment, his insanity must be of such a degree as to "wholly deprive him of understanding and memory; not to be able to know what he is doing; no more than an infant, a brute, or a wild beast; such a one is never the object of punishment." The above test as to legal responsibility, which had been originated by Lord Hale, and followed by all the succeeding judges, received its first blow in the discussion arising at the celebrated trial of Hadfield for shooting at the King in Drury Lane Theatre in 1800. The attorney-general had as usual charged the jury that, to release from legal responsibility, there must be a total deprivation of memory and of understanding. Mr. Erskine replied that, "taking the words in their literal sense, no such madness ever existed;" and he stated the true doctrine to be that the real foundation of exemption from punishment must be delusion, and that the act must clearly be the immediate consequence of this delusion. This was something of an advance from the former opinion; but twelve years later, in the trial of Bellingham for the murder of Sir Spencer Percival, we find the attorney-general declares, "upon the authority of the first sages in the country, and upon the authority of the established law in all times, which law has never been questioned, that although a man may be incapable of conducting his own affairs, he may still be answerable for his criminal acts, if he possesses a mind capable of distinguishing right from wrong;" and Lord Chief Justice Mansfield echoed the same opinion (*Collinson on Lunacy*, 657). If this test



is correct, then we are very unjust in our application of it to other than strictly criminal acts. Is it not inconsistent to consider those possessing the power of distinguishing right from wrong to be responsible for their criminal acts, and at the same time to deprive them of their liberty and seclude them, when they may not have done a single illegal act? or, in the words of Dr. Isaac Ray, "While the mental impairment is yet slight comparatively, and the patient is quiet and peaceable, the law considers him incapable of managing his affairs or himself, and provides him with a guardian and a place in the wards of a hospital; but when the disorder has proceeded to such a height as to deprive the maniac of all moral restraint, and precipitate him on some deed of violence, he is to be considered as most capable of perceiving moral distinctions, and consequently most responsible for his actions." (Ray, *Medical Jurisprudence*, 29.)

In August, 1843, in the case of the *Queen v. Higginson*, for murder, where the prisoner was imbecile, Mr. Justice Maule instructed the jury, "If you are satisfied the prisoner committed this offence, but you are also satisfied by the evidence that at the time of committing the offence the prisoner was so insane that he did not know right from wrong, he should be acquitted on that ground; but if you think that at the time of the committing of the offence he did know right from wrong, he is responsible for his acts, although he is of weak intellect." Higginson was executed to satisfy an unjust dogma of the law.

The substance of these decisions would seem to be that, if a man knows the nature of the act he is doing and its consequences, and if he knows that the deed is contrary to law and will render him liable to punishment, he is responsible; unless it is proved that he was laboring under such a delusion in relation to the particular act as would, if true, have excused him in the eye of the law. This would make the person responsible, no matter to how great an extent his delusions might be present, so long as

they did not apply immediately to the criminal acts in question.

In the United States the widest latitude has been given in the charges of the judges. Perhaps the most noted opinion is that of Chief Justice Shaw, in the case of Commonwealth of Massachusetts *v. Rogers* (1843). The court said, "A man is not to be excused from responsibility if he has capacity and reason sufficient to enable him to distinguish between right and wrong as to the particular act he is then doing, and a knowledge and consciousness that the act he is doing is wrong and criminal, and will subject him to punishment. In order to be responsible, he must have sufficient power of memory to recollect the relation in which he stands to others and in which others stand to him; that the act he is doing is contrary to the plain dictates of justice and right; injurious to others and a violation of the dictates of duty." (*Trial of Abner Rogers, &c.*, by Bigelow and Bemis, p. 275.) In *State v. Smith, Pennsylvania* (1858), the court held that the prisoner was irresponsible, "if he were governed by an uncontrollable impulse, his will were no longer in subjection to his reason, owing to the excited and continued impetuosity of his thoughts, and the confusion of a mind impelled by disease and goaded by a sense of grievous wrong." (Ray, *Medical Jurisprudence*, 58.)

In *United States v. McGlue* (Massachusetts, 1831), Mr. Justice Curtis instructed the jury that the question was, whether the prisoner understood the nature of the act, and knew that he was doing wrong and would deserve punishment. In the trial of Andrews, at Plymouth, Massachusetts, Chief Justice Chapman, on December 8th, 1868, in his charge to the jury said, "As to what degree of insanity is sufficient to protect a prisoner from punishment, read Commonwealth *v. Rogers*," quoted above. In the case of Henry J. O'Farrell, for the attempted murder of the Duke of Edinburgh, in Australia, Mr. Justice Cheeke, on the 30th of October, 1868, thus laid down the law:

"The law on the subject might be summed up thus for the consideration of the jury: 1. Every person charged as a criminal was supposed to be sane and responsible until the contrary was shown to the satisfaction of the jury. 2. The insanity and irresponsibility therefore of the accused must be proved by those who set up the defence. 3. The question for the jury was, as to the defence, whether they were satisfied that the accused had not at the time of committing the act such a degree of reason as to know that he was doing wrong. 4. Whether it has been proved clearly that the accused labored under such a defect of reason, from disease of the mind, as not to know the nature of the act charged as criminal; or if he did know it, was unconscious that it was criminal." (Report of Trial in *Sydney Morning Herald*, April 1, 1868.) We will cite but one more opinion, viz., that of Judge Brewster, as given at the trial of George W. Winnemore, for the murder of Dorcas Magilton, in Philadelphia, in May, 1867, for this charge has been much commended by lawyers and physicians. "1. If a man has no capacity to discern good from evil, nor ability to understand that the act he is about to perform will render him liable to human or divine law, he is clearly not accountable. 2. If he possesses the capacity to discern good from evil, but is laboring under a delusion or hallucination which if real would excuse his act, he is still irresponsible to the law. 3. If there is no delusion, general or partial, and there is capacity to distinguish between right and wrong, the man may still lack, by reason of the operation of some fearful disease, the power of self-control." This is what is called by Chief Justice Gibson (4 Barr, 2, 67) "A moral or homicidal insanity, consisting of an irresistible inclination to kill, or to commit some other particular offence." He says, "There may be an unseen ligament pressing on the mind, drawing it to consequences which it sees but cannot avoid, and placing it under a coercion which, while its results are clearly perceived, is incapable of resistance."



He adds: "The doctrine which acknowledges this mania is dangerous in the extreme in its relations, and can be recognized only in the clearest cases. It ought to be shown to have been habitual, or at least to have evinced itself in more than a single instance. To establish it as a justification in any particular case, it is necessary to show by clear proofs, its contemporaneous existence, evinced by present circumstances or the existence of an habitual tendency, developed in previous cases, becoming in itself a second nature. If you find that the defendant killed the deceased, you may be assisted in arriving at a conclusion as to his accountability, by asking yourselves whether you find from the evidence the following points: 1st. Did the defendant know who it was that he was attacking—that she was a human being—and that his act would result in her death? 2d. Did he know at the time that his act was forbidden by the laws of God and man? 3d. Did he know and believe that she was not attacking, harming or endangering him? 4th. Was he entirely the master of his own action, and uninfluenced, uncontrolled by any disease or delusion, general or partial, which he could not by the exercise of his will overcome?"

We have quoted at length the above authorities for the purpose of setting forth in as clear a manner as possible, the crude state of the legal opinion in regard to what is really to be considered proper ground for exemption from punishment, in cases where insanity is pleaded as a bar against punishment; and to show upon what an uncertain basis it rests, and the conflicting manner in which it is laid down by the various judicial authorities of the different countries.

I believe that the doctrine of irresponsibility on the ground of insanity, as given by the courts, is erroneous, and would, if carried out to its legitimate conclusion, condemn to punishment nearly all the insane who happen to violate the law; and being so incorrect tends to weaken

the confidence of the public in the high character of the opinions emanating from the bench. As an example showing the popular idea, I would mention that an item has just appeared in a newspaper in relation to the late Nathan murder in New York, when in answer to the question, "What will be done to the murderer if caught?" the writer says some doctor will apply an instrument to his head, another to his diaphragm, and then they will swear that he was insane, and not responsible for his crime. Such is the reaction in consequence of the conflicting opinions and judgments so often given in these cases.

Knowledge is not power in the sense of giving its possessor control over his actions. Doubtless it has come under the observation of every one, that aside from the question of vice and virtue, some persons are weak, yielding readily to the temptations of circumstances, while others from the mere force of will, may be said rarely to fall into temptation, and still the virtuous knowledge and desires of the former may be of a higher character than the latter. Knowing this to be true of the sane, how much more true is it of the insane, in whose mind the influence of disease has tended to destroy the power by which their thoughts are combined into healthy operation.

At a meeting of the medical officers of asylums of Great Britain held in July, 1863, the following resolution was unanimously adopted: "That as much of the legal test of the mental condition of an alleged criminal lunatic, which renders him a responsible agent because he knows the difference between right and wrong, is inconsistent with the fact, well known to every member of this meeting, that the power of distinguishing right and wrong exists frequently among those who are undoubtedly insane, and is often associated with dangerous and uncontrollable delusions."

According to the law, delusions can only be pleaded as

a bar from punishment to the extent that they would serve as such if they were facts and not delusions. Therefore, "the law does not regard the presence of delusions as an indication of general insanity; but rather as errors of opinion, having no influence beyond the immediate point to which they refer; forgetting that in a healthy mind even, erroneous opinions exercise an influence over a man's general conduct and judgment beyond the facts of the case in question; and still further forgetting that if the mind be so impaired that a man correct his delusion, but surrenders his freedom of action to its influence, he is not likely, accurately and with due reference to the maxims of the law, to measure the amount of his violence towards the person he insanely believes about to injure or insult him; the notion that responsibility can be measured by the terms of a delusion is founded on error." (S. W. North.) The presence of delusion indicates that the mind is shaken in every part, and no one can say where the next outbreak may be seen. The man, though aware of the nature and quality of the act, and of its criminality, yet becomes so under the influence of his delusion as to act both as lawgiver and executioner of his sentence. Reason loses its empire, the power of the will has become weakened, and the faculties of the man, powerful for good or evil, become obedient to the caprices of the moment.

We do not propose to give any views of our own as the proper manner in which the law should deal with questions of mental competency; for men much abler than the writer have given their views, and we will quote them. For several years a committee of the "Association of Medical Superintendents of American Institutions for the Insane," had under consideration a project of a law to determine the legal relations of the insane, in order to remedy, as far as possible, the present defective state of the law, and to recommend something for adoption by all the states, that there might be harmony on the subject. After postponement for several years, the subject was



brought up for discussion at the meeting of the Association in Boston, June, 1868; and the project of a General Law was finally adopted and indorsed by every member of the Association present. Such being the case, their report should be respected as high authority; embodying, as it does, the opinions of men who have made the study of mental disease the labor of many years, and who have had ample opportunities for becoming fully acquainted with the wants and necessities both of the sane and insane, and their proper relations to each other. We will merely quote the articles of the law that have special bearing upon the subject now under consideration:

“13. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly or indirectly, of insanity.

“14. Insane persons shall not be tried for any criminal act during the existence of their insanity; and for settling this issue, one of the judges of the court by which the party is to be tried shall appoint a commission, consisting of not less than three, nor more than five persons, all of whom shall be physicians, and one, at least, if possible, an expert in insanity, who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him to be insane, or are in doubt respecting his mental condition, the judge shall order him to be placed in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he is committed shall report to the judge respecting his mental condition, previous to the next term of court; and if such report is not satisfactory, the judge shall appoint a commission of inquiry, in the manner just mentioned, whose opinion

shall be followed by the same proceedings as in the first instance.

"15. Whenever any person is acquitted, in a criminal suit, on the ground of insanity, the jury shall declare this fact in their verdict; and the court shall order the prisoner to be committed to some place of confinement for safe keeping or treatment, there to be retained until he may be discharged in the manner provided for in the next section.

"16. If any judge of the highest court having original jurisdiction shall be satisfied, by the evidence presented to him, that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner; said guardian giving bonds for any damage his ward may commit. *Provided always*, that in case of homicide, or attempted homicide, the prisoner shall not be discharged, unless by the unanimous consent of the superintendent and the managers of the hospital, and the court before which he was tried."

We have endeavored to show that the judgments of the law are not founded in truth or fact; and, as a consequence, that justice has become halting and uncertain, and that there is urgent need of a reform in the matter; and in the hope that a spirit of interest in the subject may be aroused, this paper has been written.\*

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\* The author of the above paper was for several years assistant physician to the Butler Hospital for the Insane, Providence, R. I., and is now located at Burlington, Vermont, as a homœopathic practitioner.—  
EDITOR H. M.

## DIPLACUSIS MONAURICULARIS.

BY B. FRANKLIN, M.D.

THAT this is a rare anomaly, I judge from the fact that there are but a very few recorded cases.

*Tröltsch* and *Politzer* mention its occurrence only with two lines. *Moos* records, in his *Klinik der Ohsenkrankheiten*, p. 319, &c., what is known of it.

There are three incomplete observations in older literature, to which are to be added two cases of *Moos's* and that of *Von Wittich*.

The first of *Moos's* patients, suffering from acute aural catarrh, heard simultaneously the third of each tone he was singing. The catarrh and double hearing disappeared both together very soon.

The second case had impairment of hearing from chronic aural catarrh for two years. One evening, to shorten a fit of habitual asthma, he anæsthetized himself by chloroform.

On awakening his deafness was very much worse, and he heard all the sounds of the upper three octaves of a piano *double*.

During the course of some months his hearing power diminished still further, the double hearing continued for some time, and ultimately all musical sounds appeared to him so perverse that music in general, which he had been very fond of before, became a perfect horror.

In neither of these cases is mention made as to which ear rightly perceived the natural tone, nor whether the false tone was higher or lower in pitch.

In the case of *Von Wittich* the observations were made upon himself. He noticed, four weeks after an acute purulent otitis media, that he heard all the tones of the middle octave of a piano half a note higher with the diseased ear than with the healthy one.

The last and best recorded case we have at hand is that of a patient of Prof. H. Knapp of this city, which he has



published in the *Archives of Ophthalmology and Otolaryngology*, vol. i, No. 2, p. 365, and which record we shall take the liberty of consulting freely.

The case is that of a merchant of New York, thirty-two years of age, who had been in the habit of using Weber's douche, injecting warm water into his nose for chronic catarrh. He once used *cold* water and immediately felt pain in both ears, which soon disappeared, and he resumed the use of warm water; but, relaxing his usual caution, he substituted *cold* water, which gave him instantly severe pain in the left ear, which soon increased in severity; and when he came to Prof. Knapp, which was three days after a discharge had set in, it was found that the man had a severe attack of otitis media, with perforation of the membrana tympani.

The hearing power for noises was very much diminished, whilst musical sounds were nearly as sharply perceived as in the normal state. A large tuning fork placed on the glabella was heard double, and in the affected ear more strongly and about two tones lower than in the sound ear.

On trial with a piano, the same anomaly existed for the tones of the middle and next higher octaves, but not for the lower ones. It was not distinctly marked at which note of the musical scale the double hearing began, nor where it terminated. This anomaly existed unchanged during the first week, as long as the perforation of the membrana tympani was large and the discharge abundant. Then the double sounds gradually came nearer to each other in pitch, until, at the end of three weeks, they hardly differed by half a tone, and sometimes were heard separately only by strained attention.

After a relapse, which occurred about four weeks after his first appearance, which resulted in a new perforation of the membrana tympani, the double hearing was again a little better perceived, but the two tones never differed so much as in the beginning; moreover, their difference

in pitch was changing from day to day. The patient, having left the city in this condition, has not since been heard from.

The case which I have to mention is another that came to Prof. Knapp for treatment. Recognizing the interesting features of the case, and especially the markedness of some of the principal symptoms, the Professor brought the case before his private class for examination.

The patient, a German, and a musician by profession, æt. 30, gave the following history of what is to him a serious difficulty, as it prevents his giving that attention to his occupation which his circumstances demand, as he is dependent upon it for his daily bread.

Ten weeks previous to his present appearance, he was "taken with a severe cold in the head," with the usual accompaniment of pain in the head and profuse nasal discharge, which was relieved in the course of a week, when it was reinforced by "some more of the same" trouble, having associated with it excessive tinnitus aurium and diminution of hearing in the left ear, but no pain or discharge of any character. He also noticed a perversion of sounds as heard with the affected ear; that is, familiar sounds did not produce their usual impression upon his brain; they had varied in their character; thus, in some instances, if the right ear was closed by the hand, he failed to recognize the character of sounds, such as the rumbling of carts, &c.; also, that either upon singing to himself, whistling, or playing upon the piano, the sounds or tones within a certain limit or register were duplicated. These symptoms, with the anomalies of hearing, minus the (nasal) catarrh, &c., were present at his first visit.

Upon testing his hearing power of sounds with a common watch, he distinctly heard its ticking with the right ear at fifteen feet. This indicated abnormal acuteness of hearing in this ear; but upon the same procedure being gone through with upon the left ear, he heard it very faintly at three feet. Upon examination with the ear specu-

lum, the external auditory apparatus was found to be in a normal condition, with the single exception of a sinking inwards, or a very slight concavity of the membrana tympani. The right ear was perfectly healthy. Upon testing his hearing power of sounds, it was found that if any tone between C of the middle octave, and F of the next octave above, was sounded, he heard the fundamental, or tone that was really sounded, and a secondary sound four whole tones *below* it; that is, if F (sharp) was the note sounded, he heard that tone and C below it also; and the secondary sounds commenced at the middle C, and ended as abruptly at the F sharp in the next octave above, or "vice versa." This occurred not only when the piano was sounded, but when any musical instrument was touched; singing, or whistling, either by himself or that rendered by others, had a similar effect, and even spoken sounds or words were duplicated, but not in such order that he could separate them.

With the left ear closed, he hears sounds perfectly correct with the right ear.

This case has features in common with Von Wittich's and Knapp's first case, but has others peculiar to itself. In Von Wittich's case the false tone was higher than the right, but in the two of Knapp's they are lower; but the second case has a much greater range of the false tone,—two more tones than the first. The difference in pitch, then, is greater in the second case than in either of the before-mentioned cases.

The difference of pitch between both tones was changeable in Knapp's first case, but in Von Wittich's and the second case it is constant. In Von Wittich's and Knapp's first case there was undoubted evidences of disease of the middle ear, as both had purulent otitis media with perforation. But in the second case of Knapp's we have catarrh of the middle ear with the tinnitus coming on gradually, with diminution of hearing, but having no pain or discharge with it of any kind. The man presents



no other symptoms than those mentioned ; says he “ never felt better in his life.”

In all these cases the anomaly has been experienced in the middle octaves of the piano ; no mention is made in Von Wittich's case as to whether the false tone commenced gradually or abruptly at a certain point, or ended in a similar manner.

In the first case of Knapp's this was not distinctly marked, but in the second it is distinct and clear at either extremity of the range before mentioned.

Prof. Knapp's explanation of the cause or mechanism of diplacusis is as follows : He compares the cochlear portion of the inner ear with a stringed instrument.

Corti's arcs or fibres, the strings, are so tuned as to yield all the sounds of the musical scale.

Both cochleæ represent two instruments in perfect accord. If a sound is produced in the air, the vibrations or sound-waves will be transmitted through both membrana tympani and the chain of the ossicles to those strings of Corti's organ which are tuned for this sound, and thus sympathetic vibrations are occasioned in Corti's fibres and conveyed to the brain by the filaments of the auditory nerve connected with the vibrating fibres of Corti's organ. The same external sound will excite in either cochleæ corresponding (identical) acoustic nerve fibres by producing sympathetic vibrations in corresponding (identical) acoustic arcs of Corti's organ. In analogy with similar conditions of both retinæ, those fibres of both cochleæ may be called corresponding or identical, the simultaneous and equivalent excitement of which generates but one sensation of sound.

This constitutes the anatomical and physiological foundation of single hearing with both ears, in a similar manner as we see single with both eyes.

Now suppose the strings of our instrument (Corti's organ) are tighter drawn, then this instrument will be differently, that is, higher tuned, so that a string which

formerly made, for example, say 300 vibrations per second now makes 350 per second. Say 300 vibrations per second corresponds to the tone *C*, 350 to the tone *E*. If, now, the latter tone, is sounded at any musical instrument, it will excite sympathetic movements in all strings so tuned as to perform 350 vibrations per second. (No special regard is here made to harmonics.)

In the healthy ear this will be Corti's fibre corresponding to the sound *E*, but in the diseased ear 350 vibrations are now performed by a fibre which formerly performed only 300 per second, and which, of course, is still connected with that auditory nerve fibre which always committed the impression of 300 vibrations, that is, the tone *C* to the brain.

Therefore this ear will engender the perception of the lower sound *C* whilst at the same time the other one will engender the perception of the higher sound *E*. Such, says Prof. Knapp, were about the conditions in the case of double hearing observed by me.

The opposite state must have been present in Von Wittich's case. He heard with the diseased ear the tone *higher* than with the healthy one. Suppose he heard with the latter the sound *C* (300 vibrations per second) and with the diseased ear the sound *D* (say 325 vibrations per second), then Corti's fibre, tuned in the healthy state to 325 vibrations, must have been so much relaxed that it now made only 300 per second. An external sound, *C*, of 300 vibrations per second, will induce sympathetic vibrations in that of Corti's arc of either ear which is tuned to 300 vibrations. In the healthy ear the right sound, *C*, is perceived, but in the diseased ear the relaxed arc will continue to excite the auditory fibre which always conducted the impression of 325 vibrations per second, that is, of the sound *D* to the brain. Von Wittich made a very ingenious experiment to confirm this theory: If two tuning-forks, differing in pitch by half a tone, were so put before the ears that the lower one was before the diseased, the higher before the

healthy, only one sound was perceived. The tuning-fork which yielded a lower sound produced sympathetic undulations in the relaxed Corti's arc which formerly was tuned half a tone higher, and now the nerve connected with it is excited with its corresponding nerve in the other cochlea.

Thus it is evident that diplacusis either in one or both ears may be of two kinds: by false higher tuning, tightening, and by false lower tuning, relaxing of Corti's organ. In the latter the pseudo-tone will be higher, in the former it will be lower than the right tone.

The greater the difference in pitch, the greater will be the degree of false tuning, either by increased tension or by relaxation of Corti's organ.

The relief, temporary or otherwise, in the case of Von Wittich, and in Knapp's first case, of the morbid action, and the closure of the perforation of the drum-head, diminished the perceptibility of the false tuning. In a case of Dr. Gumpert (see Moos, p. 319), the difference of pitch of both sounds varied between a third, fourth, and octave during one week, and then disappeared entirely. But as yet there has been no diminution in the case before us.

Prof. Knapp says, "Of what nature the changes are which produce false tuning of Corti's organ I am not at all prepared to answer."

Von Wittich assumes that exudation into the tympanic cavity changes the pressure of the fluid in the labyrinth. In his case the membrana tympani seems to have been entire at the time when diplacusis was noticed; for he adds, that neither filling of the auditory canal with water, nor inflation of the tympanum with air, produced any alteration in the double hearing. In the first case of Knapp's, diplacusis binauricularis existed, with perforation of the membrana tympani. Is the integrity of the membrana tympani essential in relaxing Corti's organ? Does its perforation produce tightening of it? I am unable to



answer these questions. The first of Moos's cases, acute aural catarrh, seems to be analogous with Wittich's observations: "The patient heard simultaneously the third of every tone."

If here (what is not stated, but seems to be understood), the third was the pseudo-tone, then there existed, as in Wittich's observation, diplacusic by relaxation of Corti's organ. The drum-head was not ruptured. In Knapp's two cases we have first, false low tuning by tightening of Corti's organ, with perforation of the drum-head; and in the second, the low tuning, but with *no* perforation of the membrana tympani.

The other observation of Moos, where diplacusic was occasioned by anæsthetizing with chloroform in a case of chronic aural catarrh, seems to be an example of sympathetic false tuning of Corti's organ, is not dependent on inflammatory changes in the middle ear.

The treatment in this last case of Knapp's has been solely that of the application of the constant current. As before mentioned, there has been a slight diminution of the tinnitus, a slight increase of hearing, but neither decrease nor increase of the diplacusic. What Homœopathy might do in these cases, remains to be seen when an opportunity offers itself. With regard to future investigations of these cases it is proposed inquirers should try to solve the following questions:

1st. How great is the *difference of pitch* between the two sounds?

2d. Has the *pseudo-tone* the same intensity and timbre as the right tone (that of the healthy ear)?

3d. Are these differences constant or varying during the duration of the anomaly?

4th. Is the pseudo-tone higher or lower than the right tone (diplacusic by relaxation, or tension of Corti's fibres)?

5th. Is it possible to obtain single hearing by producing tones of different pitch before either ear?

6th. At which heights of the musical scale does double

hearing begin and terminate; that is, how great is the range of double hearing?

7th. Are the limits on the musical scale, between single and double hearing, distinct or fading away gradually?

8th. If the entire Corti's organ of one ear be differently tuned from that of the other ear, compound tones and pure chords must appear dissonant in binauricular, but consonant in monauricular hearing; also, when in the latter case the healthy ear is excluded from the act of hearing.

But if only a part of Corti's organ of one ear be differently tuned from the corresponding part of the other ear, all compound tones and the purest chords must appear dissonant in monauricular as well as in binauricular audition, as is evidenced in Knapp's second case.

All music is alike perfectly horrible to him. The examination has to determine of what kind dissonances in monauricular and binauricular condition are, which will be possible by analyzing the anomaly according to Helmholtz's theory.

9th. What is the cause of diplacusis?

Is the latter dependent on a primary lesion of the labyrinth, or consequent to morbid processes in the middle ear?

In what state is the membrana tympani?

Is there any change in intra-auricular pressure?

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## HISTORY OF THE PROVINGS OF CALCAREA PHOSPHORICA.

BY C. HERING, M.D

RICHARD HUGHES, M.D., in his *Manual*, 1867, page 184, makes the following statement:

*"Calcarea phosphorica has never been proved."*

"Dr. Hering on the strength of some unpublished experiments, recommends it for those cases in which fistula ani alternates with chest symptoms."

The so-called unpublished "experiments" were made according to rules of provings, and a long series of them, and with such lengthy results that as yet a publisher has not been found.

Only the *first* useful application in 1833, was made according to a theory. An old gentleman, residing in the Northern Liberties, had been taking homœopathic medicine for a headache. He came to his physician, in his carriage, once a week or a fortnight. He had, while improving, stayed away unusually long, over a month, when he sent a message, to the effect, that he wanted "his powders" to relieve his headache, as he had to undergo an operation. Six weeks before he had fallen down stairs and broken his thigh-bone. The fracture had been set, but would not heal, and several doctors who examined the case carefully, declared an operation necessary. The symptoms corresponded so closely to those of *Calcareo carbonica*, and also to *Phosphorus*, that it was difficult to decide which one would be the best. Lime-water was therefore poured into a tumbler, and a solution of crystallized pyrophosphoric acid in distilled water, added by drops, until the reddened litmus paper remained unchanged. The whitish gelatinous precipitate was pressed down between blotting-paper, and as much as could be taken out with the point of a penknife, added to the usual powders of milk-sugar. The directions were: a powder evening and morning, and *operation to be postponed*. A week or ten days later the patient came to the door in his carriage, but would not step out, being afraid he might hurt his leg. He said he was much pleased with the postponement of the operation, and had sent his doctors away, to return in a week. When they came they declared *the fracture healed*. The callus could be distinctly felt, as he was very spare.

A few days after, Dr. Gideon Humphreys, an old navy surgeon, and Dr. Jonas Green, called to get some instructions, as they were willing to make homœopathic experiments. They had heard of the case above reported, and



also that provings were the safest means of becoming introduced to, instructed in, and convinced of the truth of homœopathy. They were, therefore, willing to try the same preparation, which was particularly selected to give them the idea, that a broken bone could as little be produced by provings as an intermittent or scarlet fever, or any other disease, and yet could be cured.

The preparation was triturated in their presence, and proved, in the first and second centesimal. The same preparation was afterwards proved by others, especially by Dr. Bute. The results were published in the *Correspondenzblatt*, at Allentown; also the preparation, the history, and ninety-six symptoms obtained from four provers, some of which had to be translated in the German. (February 8th, 1837.) Jahr translated them from the German into the French in his *Nouveau Manuel de Med. Homœopathie*, Paris, 1840, p. 111. In 1843 they were retranslated into the German by Noak-Trinks for their *Handbook*, vol. i, p. 355. In 1848 Noak-Trinks was retranslated by Hempel from *Jahr's New Manual*, vol. i, p. 373. From there, many of these symptoms, have found their way to other compilations, translations, and retranslations. C. Hering did not mention the great effect it seemed to have had in assisting nature in healing a broken bone, in his first edition, because it was a single case. But within the score of years since passed, more such cases have been observed, and mostly with old people, where a union is always difficult.

In Allentown, the Northampton Society and the students proved for more than a year, a better preparation of the *Calcareæ phosphorica*, the basic phosphate of lime, which was prepared by Dr. Freitag, in Bethlehem, from bones. 1835-7, and ever since, all this was offered for publication. In the year 1846 a valuable proving of the 30th centesimal, made by Schreter, was published in *Stapf's Archiv*. Later than this the old school started a notion to give the phosphate of lime for "everything."

F. W. Beneke (London) made a number of provings which were published in 1850, and some of his observations, added in 1859, appeared in the October No. of the *British Journal of Homœopathy*, and were translated in the *A. H. Z.*, vol. lix, No. 21. All this and a great deal more beside was not known to the author of a manual on Pharmacodynamics in 1867. Can it be called anything but *book-making*, if out of half a dozen a seventh is made? And besides, if we look over the names of all those translators and compilers, there is not a single one who had the least knowledge of the elements of chemistry.

Trinks set even the boys to laughing when he emphatically declared, that "*the aqua regia of criticism had to be poured out over our literature, that it might devour the dross and leave none but the pure gold in the crucible.*" He was, indeed, a prophet. His criticisms, and those of all like him, have devoured the true gold and left the dross, in the form of *phrases shaming science.*

## ALTERNATION OF REMEDIES.

BY ALFRED K. HILL, M.D.

Discussion upon this subject, if vigorously and fairly conducted, must result in good to the cause of *true Homœopathy.*

Hahnemann, in his writings, always insists upon the following principles:

- 1st. The totality of the symptoms in every case.
- 2d. The administration of the *single* remedy, and its close individualization to meet the particular case.
- 3d. The minimum dose to be cautiously repeated only so long as requisite to conclude the case.

In proof of the above statements I quote from Hahnemann, p. 102, *Organon*: "The totality of the symptoms is the sole indication in the choice of the remedy. From this incontrovertible truth that, beyond the totality of the

symptoms, there is nothing discoverable in disease by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of a remedy."

P. 218, *Organon*: "*Only one simple medicine to be administered at a time.*

"In no instance is it requisite to employ more than *one simple medicinal substance at a time.*

"Experiments have been made by some homœopathists in cases, where imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though in some instances it may appear serviceable."

P. 204, *Organon*: "Both in acute and chronic diseases every perceptible amelioration that takes place, making continued progress, though of ever so feeble a nature, is a state which, so long as it endures, formally forbids the repetition of any medicine whatever, because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of a remedy, even of the one last administered, and which had till then proven salutary, would have no effect but that of disturbing the operation of the cure."

P. 179, *Organon*: "It may easily occur, on examining a disease for the first time, and also on selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbid symptoms of a single medicine, and that two remedies dispute the preference as to the eligibility in the present instance; the one being homœopathic to one part of the disease, and the other still more so to another. *It is then by no means advisable,*



after using the preferable of the two remedies, *to take the other without examination*, because medicines given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case it follows that a suitable homœopathic remedy should be selected for the new set of symptoms in its stead."

That the term "alternation" is variously understood by different practitioners seems absolutely certain. One man understands alternation to mean the selection of the appropriate remedy, according to the "totality of the symptoms," changing for another only when the symptoms require it, and go on in rotation or alternation as circumstances require, leaving each remedy to act its *full* time, or so long as any improvement may be seen to result from its action. And this is the view first introduced by Hahnemann, and not the kind of alternation that any one complains of. Neither Hahnemann or his true followers can countenance the indiscriminate and rapid alternation of remedies without regard to symptoms, as recommended and practiced at the present day. In no part of the writings of Hahnemann is this remnant of allopathy (alternation) excused. I cannot see how any intelligent person can read the works of the great master and then assert that the popular alternation of remedies as practiced now is in accordance with the spirit of his teachings. Hear what Hahnemann says at p. 179, *Organon*: "In non-venereal chronic diseases (consequently those which owe their origin to psora) it is often necessary in the cure to employ several remedies, one after the other; each of which ought to be chosen homœopathic to the group of symptoms which still exist after the preceding one has exhausted its action."

P. 112, *Chronic Diseases*: "Both the gonorrhœa and the excrescences of *syphilis* are cured in the most thorough and durable manner by the internal administration of a few globules of the decillion preparation of thuya, which ought to be allowed to act for the space of fifteen, twenty,

thirty, or forty days. After this lapse of time you give an equally small dose of nitric acid, letting it act during an equally long period."

P. 162, *Chronic Diseases*: "If the physician alternates his remedies in rapid succession, this is a sure sign that he has not chosen his remedies with strict reference to their homœopathic action, or has but carelessly studied the existing series of symptoms."

In reference to the use of Acon. and Coff. in "purple rash," Hahnemann says, "They should be alternately given every twelve, sixteen, or twenty-four hours, *in proportion as one or the other is indicated*." This statement does not convey the idea that these remedies should be always given in alternation; they are to be administered *only* when they are found to be *indicated*, and *only* when covering the totality of the symptoms according to the scientific principle of our practice, and in accordance with the true spirit of all Hahnemann's directions. Hahnemann, in speaking of the complication occasioned by the presence at one time of syphilis and psora in the same organism, says, "In short, the cure is effected in a very complete manner by administering *alternately* and at the proper time mercurials and antipsorics." It does not seem to me that he in any way disproves his statement that *each dose* should be allowed to act so long as any benefit is seen to be derived therefrom.

Of the proper mode of procedure, Hahnemann says, at p. 123, *Chronic Diseases*: "The physician administers the most appropriate antipsoric in the mode which will be indicated hereafter. This may be followed by a second antipsoric, to be chosen agreeably to the new symptoms; and when this last remedy has completed its action, a dose of the anti-syphilitic mercury may be exhibited; being permitted to act three, five, or seven weeks, as long as it is capable of exercising a curative influence."

It seems to me that the principles laid down by Hahnemann, and which I have already quoted from at some

length, would make it clear as to what *he* means by alternation. I find no mention of his ever administering or advising the administration of a medicine *at any time* without *first* obtaining the *totality of the symptoms*; and when these change, and the case presents altogether a new aspect, then it is that he begins to look for another remedy to cover the *new set of symptoms then* presented.

I have yet to meet with the argument from any one in *favor* of alternation upon scientific principles; and even its adherents only excuse themselves for so doing upon the ground that they do not know enough *materia medica* to practice otherwise. One alternator said to me, "I would not know how to prescribe in *one tumbler*, so firm has the habit grown upon me of using two or more, and my patients always bring me two without my asking." This man says he knows he ought not to do it; but having been taught to practice it *at college*, he finds it almost impossible to change his mode of giving medicines; and this shows with what pertinacity *bad practices* cling to us, even those taught us by college professors.

The *end* to be desired is plain, and is admitted by all. Shall we reach it by going backwards?

## A PROVING OF "GETTYSBURG WATER."

BY SAMUEL SWAN, M.D.

THE drug was prepared by Messrs. H. M. Smith & Brother, by evaporating a quart of the water to dryness, and triturating the residuum. On the 9th and 10th of February, 1870, being in perfect health, and never having had any rheumatic affection, I took in all five grains of the 3d centesimal potency.

*February 12th.* Sharp pain in abdomen to the right and above the navel.

*February 15th.* Raw inflamed sensation in right upper part of pharynx; the air inspired through the nostril impinging coldly and unpleasantly on the part.

*February 19th.* Bright redness of fauces, with elongation of uvula.



Accumulation of mucus in right posterior nares, which is detached with difficulty.

*February 21st.* Great rigidity of the muscles, like rheumatism, but without inflammation or pain. Nearly all of the muscles are involved, but it is more prominent in the lumbar region, and in the joints of the hips, shoulders, elbows and wrists. When quiet it is not perceived. It is apparent during slow movement, but does not interfere with rapid exercise like walking. The location of the rigidity is at the insertion of the muscles and in the ligaments, but not in the bellies of the muscles.

In the act of lifting it is easy to designate the insertions of all of the muscles brought into action. There is no painful sensibility to pressure on the muscles, but it is felt when bearing hard with the finger on the ligaments. Urine free, profuse, normal in color, and without sediment.

*February 23d.* Rigidity at the insertions of the pectoralis major, and trapezius, and in the muscles of the neck.

Hawking from right posterior nares, a tough transparent mucus, that can be drawn out in strings, and gets between the teeth like the fibre of tough meat.

Muscles of lumbar region continue rigid.

The muscles of the left arm, at insertion of biceps, and at the condyles of the humerus, and the hands are rigid. The right arm was similarly affected on the 21st and 22d.

Pulsating pain in the vertex, lasting three or four hours. (*Note.* This was the only headache experienced during the proving.)

The rigidity of the muscles is most apparent in the morning.

*February 24th.* Very uneasy after 1 o'clock A.M.; the bed feels hard; lying in one position causes a painful pressure on the part.

Rigidity of the muscles of the throat and neck on the right side and under the jaw, making deglutition painful and difficult, as if the throat was sore; there was no swelling and but slight redness of the parts internally. The neck externally was sensitive to pressure.

(Verified with the 1<sup>m</sup> potency.)

Tongue slightly coated white.

The rigidity of the left hand was followed by a sensation of dislocation in the joints of the wrist, hand, and fingers, causing pain and a sensation of coming apart while lifting anything.

(Ruta relieved this symptom.)

Increased flow of saliva.

Pricking, tingling, and rigidity of the root of the tongue.

*February 25th.* Rigidity in left hand and arm continue, with slight tumefaction and heat in ball of thumb, and great sensibility to touch and pressure. The principal rigidity to-day is in the left adductor longus, at its insertions; worse at its pubic end.

These rigidities are not noticeable when lying quiet, but on rising from a seat or a recumbent position the various muscles affected can be easily indicated.

Transient chills during the day.

Tongue coated white; no unpleasant taste in the mouth.

Great accumulation of slimy frothy mucus in posterior nares.

Urine natural.

*February 26th.* This morning the left vastus externus was affected at its insertions. The muscles of the left thigh felt sore on pressure, a symptom that has not before appeared, but did not on lifting them up.

The left foot is somewhat swollen and hot, and the great toe joint is swollen, hot, and sensitive when stepping on it.

Was restless during the latter part of the night; could find no easy position.

Could not move the left leg without assistance; sensation of dislocation in the foot, as described in the hand.

After rising, which could not be done without assistance, could use the left leg better, but walking was painful and difficult.

Tongue coated yellowish white.

Faint feeling when attempting to walk.

A painful spot appeared in the afternoon, on the top of the right knee, a little to the left of the centre; perceived when pressing upon it, and when walking.

Tongue gummy. Breath fetid; slight thirst; no appetite, except for milk.

*February 27th.* Unable to rise. The rigidity of the ligaments and insertions of the muscles of hip, knee and foot rendered it impossible to move the left leg without great pain; no pain while lying quiet.

The muscles of the right leg began to be affected, principally at the knee, while flexing the leg. The pressure

on the patella feeling like a narrow band of steel pressing upon a very sensitive spot, of the size of a quarter of a dollar, but all pain ceased when the leg had been flexed by the aid of the hands.

The left foot is still swollen, with the same dislocated sensation.

No appetite.

Tongue coated white.

Thirst; drinking freely of water, and milk and water.

Urine freely; urine darker color, somewhat turbid.

Pass flatus freely.

*February 28th.* Rested quietly during the night, on my back. (*Note.* I had under me a heavy English sheepskin rug, with very long, thick wool, and to this I attribute my comfortable rest and freedom from heat under the back.)

Could raise myself in bed by my hands, all rigidity having left the body, except the throat and legs; no pain when quiet.

Extreme soreness of the limbs to pressure, though the muscles themselves could be taken hold of without pain.

Inflamed spots appeared on the left tibia, knee, and great toe joints.

Could not move either leg at all.

(Dr. Carroll Dunham, who had been cognizant of the symptoms during the proving, called, and prescribed *Calcaria c 2<sup>c</sup>*.)

*March 1st.* The right leg was now most affected, the left improving a little.

Left shoulder is rigid.

Rigidity of the muscles of the throat and neck making deglutition difficult still continued, as well as elongation of the uvula.

Every morning I hawked from right posterior nares the tough, stringy mucus, and on picking the nose a long string of the same was drawn out, slightly coated with blood.

Urine high-colored and turbid, very frequent and copious, depositing a red sandy sediment. Thirsty; drank great quantities of water, and milk and water. Could not remain long in one position, not from pain nor restlessness, but from a sense of discomfort.

Had a severe attack of incarcerated flatus, with great distension of the stomach, so that long inspiration was painful. This continued the greater part of the day and night.



Tongue thickly coated white, enlarged, flabby, serrated by the teeth.

Breath fetid.

Fever followed by profuse perspiration on the upper part of the body.

(Dr. Dunham gave Mercurius 2<sup>o</sup>.)

*March 2d.* Symptoms about the same as yesterday; left leg improving; right growing worse; left arm rigid, and painful on motion; tongue improved; no fever or sweat.

*March 3d.* Left leg easily moved; right cannot, but seems no worse; tongue improved.

*March 4th.* Left leg recovered; right leg much better; left arm and hand very stiff; hand much swollen, and inflamed in spots.

*March 5th.* Legs very comfortable; left arm very bad, but no pain when quiet, except in the inflamed joints of the fingers.

Right shoulder is now rigid and painful, the pain and rigidity extending down the arm, still only in the insertions of the muscles.

*March 6th.* Lower extremities quite recovered; can raise myself with a little assistance, and move to an easy chair. The whole trouble is now in the arms and hands, which are helpless, and can be moved with great difficulty and some pain.

Urine natural, passing freely and copiously; no appetite; take only water and beef-tea. Pass much flatus; bowels moved for the first time since February 26th.

*March 7th.* Left arm began to improve, the improvement showing in the arm first. The back of the hand was much swollen, and a scarlet papulous eruption, without sensation, appeared, covering the whole dorsum of the hand.

(NOTE.—This last was verified by a cure with the 1m. potency, in which case the eruption appeared also on the elbows, knees, and ankles.)

*March 10th.* Left arm continues to improve. The day after the eruption appeared, the swelling of the hand began to decrease.

Painful stiffness and want of flexibility of the finger joints in right hand.

(Dr. Dunham gave Graphites 2<sup>o</sup>.)

Bowels had a natural movement.

*March 11th.* Was able to walk a little, and change from

bed to chair, with assistance; stiffness and pain in finger joints much better; feel very weak. Since the 5th, have taken "Liebig's Extractum Carnis," and find it very nourishing.

*March 14th.* Came down to my office feeling quite well, but weak; the hands are nearly powerless.

The right hand had the same swelling and eruption that appeared on the left, with the same decrease of swelling; there was subsequent desquamation of the skin of both hands; great heaviness of the arms, and a weary feeling in the bones; both arms sensitive to cold and east wind.

From the 27th ult. to the 2d inst., was annoyed by a dull pain between the point of the left scapulæ and spine. Eructation, or a swallow of cold water gave momentary relief; relieved by rubbing.

During the whole proving, there was complete suppression of all sexual sensation, and while confined to the bed, there was a singular retraction or shrinkage of the penis, with great relaxation of the scrotum.

*March 20th.* The arms are still sensitive to cold; pain in the shoulders on sudden motion; hands stiff and powerless, especially in the morning, better toward evening; lifting a book, or turning a door-knob is difficult and painful; worse in grasping anything hard; difficult to squeeze a sponge dry.

Took Gettysburg, 1m., F. at 4 P.M.

*March 21st.* Hands not so stiff; slight rigidity in knees, hips and insertions of the muscles that had been affected during the proving.

Same weakness in hands, especially the right, in grasping knob of door. As this rigidity interfered with my duties, I took Carb. veg., 1m. for it.

*March 23d.* Hands the same. Puffiness between the knuckles of both hands, the fingers of the right being slightly swollen.

Fingers flexible in the afternoon.

*March 27th.* Symptoms the same. Took Cham., 1m.

*March 31st.* Improvement as to the stiffness of joints. Burning spot, size of a dollar, in palm of right hand toward the wrist, slightly painful, relieved momentarily by heat. Cold water, or touching anything cold is painful; was kept awake by it.

Took Lyc., 1m.

*April 2d.* Burning in hand still continues; fingers of

both hands, and right shoulder and wrist stiff. Took Lyc., 10m.

*April 4th.* Burning relieved. Hands stiff in the morning. Pain in all the joints of the hand when exerting it forcibly; due to the strain or pressure on the ligaments; puffiness between the two last fingers; slight cracking and desquamation of the skin in the folds inside the hand. Took Nat. Mur., 1m.

(NOTE — From the 24th ult. have felt great repugnance to studying my case; with depression of spirits, and a heaviness and disinclination to apply myself to study in the forenoon. This disappeared in the afternoon, or while attending to patients. It seemed to come on when thinking of myself.)

*April 6th.* Hands much improved. The stiffness in the morning seems to be principally in the metacarpal joint of the ring finger of each hand. Hot, burning pain last night in pisiform bone of right hand; kept me awake two hours. Appetite good; evacuations normal and regular; still feel weak; it is most apparent in my voice.

*April 10th.* Hands still affected. I notice stiffness most in the morning; at night I have to try various positions for the hands before I can find an easy one; they are still weak, and grasping anything hard is painful.

*April 25th.* Hands still weak, so that in attempting to carve I find it impossible to overcome the least resistance. On rising from bed, on stooping, or coughing, a rigidity is felt in the lumbar region in the erector spinæ, but not extending to the sacral region.

There is still some stiffness in the joints of the hands and shoulders on rising in the morning, and twice I have been kept awake by the burning intermitting pain in the pisiform bone, first in the right, and then in the left hand.

This symptom I have also verified by a cure with the 1m potency.

To the last of June I could feel the pain in the joints of the fingers, when pressing them firmly together or grasping anything hard. By the middle of July all symptoms had disappeared.

On the 6th day of September I took one dose of Gettysburg 40m., Fincke, and in the morning of the 5th, on rising, I felt painful rigidity in the pubic insertion of left adductor longus, soon followed by the same in the right; also in the right shoulder and joints of the right hand.



These were the most prominent, though a general stiffness when moving was observable.

I trust some of my colleagues will feel interested enough to make further provings. I shall be happy to supply such with the 1st, 2d, or 3d triturations. The higher dilutions can be obtained of Dr. Fincke.

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## CLINICAL CASES.

(Read before the Central Homœopathic Association of Maine.)

### *Headache—Silicea.*

Miss L. B., aged 18 years, has suffered for many months with a severe headache, which, from the severity of the attacks, she calls *crazy* headaches. These attacks occur every two or three weeks, and usually last from thirty-six to forty-eight hours. The pain commences in the nape of the neck, and base of the brain, and extends up, and all over the whole head, coming on in paroxysms; so severe that she calls for some one to hold her head tightly to keep it from bursting.

Upon consulting the *Materia Medica*, I found under *Silicea* "pressing headache, as if the head would burst, ascending from neck to forehead." As there were no other symptoms in the case to cover, I prescribed *Silicea* in the 200th potency, a powder in one-third of a tumblerful of water; dose, teaspoonful every hour, until relief, and then at longer intervals; which relieved so much that the headache was quite bearable, and only of some six hours' duration; this was some two years ago, and she has not had an attack since.—C. A. Cochran, M.D.

### *Itching in the Ears, &c.—Elaps.*

Mr. B., aged 50, has been greatly afflicted for the last three or four years with an intolerable *itching* in both ears. Felt obliged to carry a little stick in his pocket with which to dig into them, when he could bear the itching no longer. He also suffered from an irritable throat, which was broken out with red blotches, about as large as the half of a split pea; these blotches also ex-

tended over the soft palate and sides of the cheeks, and would bleed very easily upon the slightest irritation. He had always supposed himself to be troubled with a cancerous humor, as his mother and sister had died from what was supposed to be internal cancer. As the itching in the ears was the most troublesome symptoms, I prescribed Fluoric acid, 30th potency; one powder dry on the tongue every night. In about two weeks the itching had entirely stopped, and a watery, yellowish discharge began from both ears. Upon reviewing the symptoms I found under *Elaps coralinus*, not only the *itching* in the ears, but the "discharge of a serous fluid, or greenish yellow liquid from the (left) ear in the morning;" also "red blotches on the face, arms, and hands, but not in the mouth or throat; however, I thought I would give it, in the 200th potency, giving a powder dry on the tongue every night for a week, and then omitting the medicine a week, and so on, and at the end of the fourth week the discharge from the ears had stopped, and the red blotches on the throat and inside of the mouth had also disappeared. It has now been a little over a year since the last prescription, and no return of either ear or throat trouble."—C. A. Cochran, M.D.

*Heart Affection—Rhus tox.*

Was called April 21st, 1867, to visit Mrs. C., who has had very poor health for the last twenty years, which she supposed to be caused by heart disease; found her confined to her bed, very pale and weak; no appetite; circulation very low; pulse soft and slow, beating 48 times per minute. Auscultation revealed enlargement of the heart with dilatation of its cavities. She was suffering from pain in the left shoulder, and down the left arm, which felt cold and numb. The pain was worse every morning about four o'clock; had a faint fluttering sensation in her stomach and left chest, also a sensation of gurgling in region of the heart, with soreness throughout the whole left side; to lie on her left side brings on severe palpitation and pain in the region of the heart. Prof.

Raue says that for "stitches in the heart, with painful lameness and numbness of the left arm," Rhus tox is the remedy ; I gave it in the 200th potency.

*May 4th.* Found my patient very much improved. Continued same.

*May 14th.* Still improving. Medicine at longer intervals.

*June 10th.* Feels quite well, and is able to do her work. Has had a few light attacks since, which Rhus relieved promptly.—C. A. Cochran, M.D.

*Numbness, &c., after Diphtheria—Phosphorus.*

Mrs. ——— resides not quite a thousand miles from Chicago. In the summer of 1869 had diphtheria severely, which left her in a weak and sickly condition.

Under date of November 22d, 1869, she writes (which I copy verbatim et literatim): "I was taken, about five weeks ago, with *numbness* in the ends of my fingers and toes, and on rubbing them it would produce a sensation something as they would feel after being asleep. It soon extended over my feet and hands. My fingers feel so *clumsy* and lame, and my ankles feel so *big*, and as though the *skin was drawn tight* as it could be. I should think if I could not see them that they were swollen, but they are not. And my legs and arms are so weak I can hardly use them. My legs give out when I go up or down stairs. A part of the time there is a *dull pain in my wrists and ankles.*" She also says, "I am trying the homœopathic doctor here, who said at first that it was a nervous disease. Afterwards he consulted with one of the professors of the medical college, and they decided it was *weakness* resulting from the diphtheria. He ordered me to take Bourbon whiskey. I have taken it for four or five days, but have not much faith in it. He gives me bitter powders also, but I am no better yet."

On the 27th I sent twelve powders of Phosphorus 2°. One powder to be taken daily in four tablespoonfuls of water. I was led to give this remedy more by my past experience, for the numbness following diphtheria, than



by the proving of the medicine, although the provings have both numbness of hands and feet, or fingers and toes."

Under date of December 3d, 1869, and previous to receiving the medicine which I sent, she writes: "I have been *so* weak and sick, and every joint was *so* lame, I could hardly use my hands and feet. It was the *strangest* feeling; part of the time *it did not seem as though my feet belonged to me*. When I could step down any stairs, and get to the bottom one, and step on to the floor or ground, they did not *seem like feet*, but *more like stuffed cushions*, and yet were *so* sensitive when I rubbed them would prickle and *feel as though there were ten thousand hemlock splinters* in them; would feel just as bad in the morning as at night. For five weeks there was not a moment's relief. I feared that I should become perfectly helpless. It was the greatest effort for me to dress and undress, I was *so* weak; and then my fingers were *so* clumsy I could not tell whether I had hold of the head or point of a pin; could not find the button-holes in my clothes unless I could see them. I cannot see that the whiskey and powders have done me any good yet. The doctor has not changed the medicine, but has made me omit taking anything for a week, and then take half a wineglassful of whiskey, and a powder of the *bitter* medicine in it, once every other day. I am not taking anything this week, and have decided to tell him that I don't care to take any more medicine at present. I think I feel better when not taking it. I don't believe he knows much about homœopathy. Anyhow I do not want him to fool me. I told him, when he first visited me, that I would not be treated allopathically if I knew it. He came in one day when I had one of my headaches that I used to have East, and gave me two kinds of medicines which cured my head in about two hours. It made me *so* sick to my stomach though, and made my head a great deal worse before it helped me. I told him the next time he came about the medicine making me sicker, and that I could not reconcile his treatment with my ideas of homœopathy. He

said he could not give medicine *without* making any one sicker, and that he was obliged to give more powerful medicines than he gave in an adjoining state; but all he says don't satisfy me." She says, before closing this letter, that she had just received my prescription.

Under date of December 30th she writes: "I feel almost as well as I did before I had the diphtheria. My hands and feet have improved very fast. I hardly notice any trouble with my feet, and for days my hands do not trouble me but very little. It is surprising to me how fast I have gained. I call myself the same as well, and do not think that I shall need any more medicine."—*C. A. Cochran, M.D.*

*Dysentery—Cantharis.*

Mr. P. came to me for treatment for dysentery, Aug. 25th, and as he had been under allopathic treatment for over a week, and continually growing worse, he was not in the most favorable condition for homœopathic medication.

It was late in the evening when I was called to see this case, and being in a hurry I made a hasty examination, and from a few prominent symptoms, such as extreme prostration, incessant pains, no appetite, great thirst, but would drink only a swallow at a time, shivering and great exhaustion after each stool, very restless, severe tenesmus with burning in the anus, I gave *Ars. 2°*, in powders, the dose to be repeated in four hours, if no improvement by that time.

*Aug. 27th, 10 A.M.* I found my patient no better, except that his appetite had become reasonably good, so that he had enjoyed a light breakfast.

I now made a more careful examination, and found the symptoms to be as follows: Stool bloody, slimy mucus; small, frequent; worse at night; before the stool he had violent, cutting, colic pains, especially through the hypogastric regions. These pains continued during the stool, accompanied by burning in the anus.

After stool, prolapsus of rectum; great tenesmus, with

shuddering; very restless and irritable; face pale; countenance wretched; abdomen was sore to the touch. He was also troubled with frequent urging to urinate, and burning after urination, and the flow was spasmodic and painful.

I thought of *Cantharis*, and a consultation of *Lippe's Text-Book*, *Raue's Pathology*, and *Bell on Diarrhœa*, confirmed my judgment, I therefore gave two powders of *Cantharis*. The first, 2<sup>c</sup>; the second, 40<sup>m</sup>, and to be given twelve hours after the first if no improvement.

The 2<sup>c</sup> produced a little improvement, but he took the 40<sup>m</sup> at 2 A.M., and twelve hours afterwards considered himself well, and has remained well to this date, November 15th, 1870.—*R. S. Brigham, M.D.*

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE January meeting was held at the usual place, Dr. H. N. Martin occupying the chair.

Dr. S. R. DUBS, chairman of the Committee on *Compound Oxygen Treatment*, submitted a report, in behalf of that committee, taking the ground that the so-called "compound oxygen" is identical with the atmospheric air, and is of utility in the cure of chronic diseases to the same extent as respiration of pure atmospheric air is, and no farther. The report was accepted, and the committee discharged.

Dr. DUBS remarked that the committee had not been able to get any specific information as to the method of administering, or of preparing the so-called "compound oxygen." He could, however, highly commend, for the treatment of pulmonary complaints, the inhalation, by deep inspiration through the mouth, of as pure atmospheric air as can be got, and to do this as a daily exercise, commencing with a few moments' inhalation, and gradually increasing the time with the ability to inspire.

Dr. TOOTHAKER said that hobbies in medicine were apt to be ridden to death. His experience was, that consumptive persons who had resorted to the methods of inhalation of artificial air, died sooner than they would have done without a recourse to such questionable measures. He had some experience in his own person, however, in the inhalation of pure air. He had been told, some eighteen years ago, that he had consumption, and could not live two years. At that time his lung force did not exceed one hundred and fifty pounds, according to the respirometer. He then commenced a regular lung exercise, daily, filling the



lungs, through the *nostrils*, with as pure air as he could find, and gradually expiring and refilling; continuing the process as long as he could without fatigue. At first but few of these respirations could be taken, but in time he could keep up the exercise as long as he pleased, and he believed that his lungs were now as strong as need be, and his breathing capacity great.

Dr. BUSHROD W. JAMES expressed his surprise, both at the report as well as at the remarks that had been made upon it. They had treated upon the subject of *inhalation* of atmospheric air, and the treatment of pulmonary affections almost entirely, whereas the subject was the compound oxygenated air as a remedial agent generally; for it is understood that this agent is administered as a curative remedy, and is given for many disorders. It appeared to him that the committee had stood around the corner and tried to hit the subject by firing at it through a bent gun. Oxygen, nitrogen, and hydrogen were different elementary substances, and could be combined or mixed in different proportions, and each combination might have a different action on the system when inhaled. Now with oxygen we might combine bromine vapor, chlorine, or other volatile articles, and then mix this with atmospheric air, and form a compound oxygenated air that would act when taken into the lungs with a powerful medicinal action upon the body. Now what this compound oxygenated air that the committee was to investigate has in it, they do not find out? If it is a curative preparation, and those who use it have told the committee its proportionate components, we ought to know exactly what they are, so that every one may use it if practicable. If the discoverer will not tell them or let it be known, it is beyond the range of duty of this Society to have anything to do with it or discuss it.

Dr. DUBS stated that the report mentioned that the compound referred to was composed of oxygen and nitrogen, but the proportions are known only to the patentee.

THE SECRETARY proposed the following gentlemen for membership: Charles C. Cresson, M.D., C. Carleton Smith, M.D., J. Albert Cloud, M.D., Milton P. Harley, M.D. They were unanimously elected, under a suspension of the rule.

Dr. PEMBERTON DUDLEY gave notice that hereafter he would oppose the suspension of the by-law relating to the election of members.

THE SECRETARY read a communication from the WASHINGTON HOMŒOPATHIC MEDICAL SOCIETY, referring to the establishment of a National University at Washington, D. C., and asking the co-operation of the Society to secure the establishment of a Chair of Homœopathy therein; together with a petition emanating from that Society, addressed to the Senate and House of Representatives of the United States, praying for the establishment of such a chair in the National University.

Dr. DUBS moved that the Secretary be a committee to draft a proper form of *petition*, and have it distributed to the physicians of the city for signature of the friends of Homœopathy.

THE SECRETARY begged to be excused, as it would be impossible for him to attend to the matter, owing to having already too much to do, and moved to amend Dr. Dubs motion that a committee of three be appointed to have the matter in charge. The amendment was adopted, and the chair appointed Drs. C. S. Middleton, Pemberton Dudley, and John E. James, said committee, with power to act.

THE SECRETARY then read portions of a letter he had received from Dr. W. H. Watson, of Utica, New York, referring to the removal of Dr. Stillman Spooner, of Oneida, New York, from the office of examining surgeon for pensions, by Commissioner (Dr.) Van Aernam, solely on the ground of Dr. Spooner being a homœopathic physician, and, consequently, according to Dr. Van Aernam's view, ineligible for that office. It was moved and carried that a committee of three be appointed to draft resolutions expressive of the sense of the Society, at this gross and unwarranted assumption of authority by a public servant, in the interest of a medical sect.

The chair appointed Drs. W. M. Williamson, B. B. Gumpert, and M. M. Walker said committee, with full power to act.

The following gentlemen were appointed delegates to the Pennsylvania State Medical Society: Drs. W. M. Williamson, P. Dudley, H. N. Guernsey, A. H. Ashton, H. N. Martin, John E. James, R. Koch, S. R. Dubs, C. E. Toothaker.

Dr. JACOB JEANES then read a very interesting paper on the special characteristic indications of certain remedies, which gave great satisfaction to the members, and for which the thanks of the Society were voted. (See *H. M.*, Vol. II, p. 331.)

#### DISCUSSION.

Dr. B. W. JAMES thought these special indications were often of infinite value in prescribing, and he supposed every practitioner had certain indications for some remedies which he regarded as infallible. He would instance one thing which he just thought of, viz, the headache, indicative of *Stannum*, in which it commences slowly and gradually increases until it arrives at the highest pitch, at which point the patient is almost distracted, and could not long endure the torment, but then it gradually and slowly subsides; just as though the headache were going up one side of a mountain and down on the other side. A tired, aching form of headache, accompanied with or produced by mental exhaustion, he had found to be indicative of *Iris versicolor*.

Dr. C. S. MIDDLETON remarked that his chief indications for *Iris* were: the headache is accompanied with violent pains over the eye, in the supra-orbital ridge; occurring on either side, but on only one side at a time.

Dr. B. W. JAMES said that he could confirm Dr. Middleton's statement from his own experience.

Dr. TOOTHAKER said that he had heard that Dr. Jeanes claimed that

Stramonium is curative in hip-joint disease. He would like to know from Dr. Jeanes if this was really so?

Dr. JEANES replied that the statement was perfectly correct. He had used Stramonium in *morbus coxarius* with extraordinary effect. In one case, that of a child, where the left limb was affected, all treatment had proved unavailing. The affected limb exceeded the other in length about half an inch. In this case he gave doses of Stramonium 15th, and on the next day the child was well. The father asked him whether he had not "put a bone in place" when he examined the child. In another case, that of a young girl, there were fistulous openings from the left hip. Dr. Randolph recommended the use of a carved splint as the only method of cure; and even with that, he said, it would take from nine to eighteen months to effect a favorable result. He (Dr. J) was consulted by the father of the girl, and he gave her Stramonium, which gave relief from the suffering the first night, suppuration gradually ceased, and she got entirely well. This happened nearly thirty years ago. She is now married, and he occasionally sees her in the enjoyment of good health. In another case, where the limb was elongated quite three-quarters of an inch, very prompt relief was obtained, and the patient, a girl, was soon going to school again. She knocked the affected knee and had another attack, and again she injured the limb by falling down. After these injuries Stramonium was again prescribed with partial but not permanent effect, and she now limps when she walks.

Dr. TOOTHAKER stated that, from hearing that Dr. Jeanes used Stramonium in these cases, he was led to give it, and its administration was attended with wonderful success in several cases.

Dr. A. KORNDORFER said that he knew the lady referred to by Dr. Jeanes as being now married. He had attended her in her last two confinements. In the first of these (her second pregnancy) she was delivered of a still-born child, the left limb of which was shorter than the right by nearly two inches. In the second (her third confinement) the child was perfect, and was born alive and is still living.

The usual monthly report of the Scribe was then submitted, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**A NEW REFLOWING CATHETER.**—A catheter for washing out the urethra has lately been brought out. Its construction is as follows: The canular tube through which the liquid is to be injected is inclosed in a band of six wire-like rods, each soldered fast to the said canula in fourteen different places down its length, and each rod being separated about  $\frac{1}{8}$  of an inch from the next, making a cylindrical form around the canula.

These rods terminate in a smooth end like any catheter extremity, and have a similar curve, so that it can be introduced into the urethra with-



out pain. A thin metallic plate-like extremity, near the outer extremity, prevents the liquid as it flows out from coming in contact with the fingers, which hold the instrument in position after it is inserted. The liquid to be used is thrown in through the canula by a syringe, and it returns along the urethra and among the interstices formed by the band of wire-like envelope, cleansing the parts as it comes out.

ANCIENT HOMŒOPATHY.—From a treatise on the Love of God, written by St. Francis of Sales, Bishop of Geneva in 1616, page 562, occurs the following :

“What method should we follow to render the passions and affections of the soul subservient to the designs and work of God? The same as that observed for the removal of corporeal distempers; but as opinions vary on this point, methodical physicians maintaining that contraries should be cured by contraries, and chymics maintaining that similar maladies should be opposed by similars, we conciliate the two opinions by the following method: There are two ways of eclipsing the light of the stars; the first eclipse is occasioned by the darkness of night; the second by the brightness of the sun, which supersedes all other light. There are also two ways of combating our passions, either by attacking them directly with passions which resist them, or by opposing to them passions of the same kind; but which, being stronger than those we desire to destroy, soon conquer them.”

SYMPATHETIC PAIN IN TOP OF THE SHOULDER IN LIVER DISEASES.—All diagnosticians are familiar with the shoulder pains that accompany hepatic disorders, but the reasons for them have never probably been so clearly demonstrated as in an article we notice in the *Boston Med. and Surg. Journal*, No. 2239, as follows :

“Dr. Embleton, the learned author, advances a new explanation of the nervous connection between the liver and the top of the shoulder. First stating that, according to his experience, the shoulder pain occurs much more frequently than is supposed by some writers, he remarks that it is ‘referred especially to the angular space between the acromial end of spine of the scapula and the adjacent end of the clavicle, where the upper and outer part of the trapezius muscle, as it goes to be inserted into the bones just named, is lodged;’ and adds :

“At this part, the external branch of the spinal accessory nerve, after having supplied the sterno-cleido-mastoid, and anastomosed with the second and third cervical nerves, enters the trapezius, forming a small plexus with twigs of the third and fourth cervical nerves, and is continued on along the vertebral borders of the scapula, supplying the trapezius in its course, and communicating with twigs of the intercostal nerves.

“It is noticed that this pain, when severe, extends from the shoulder-tip downwards to the lower angle of the scapula, and occasionally upwards along the side of the neck to the base of the skull, following the external branch of the spinal accessory nerve, which in such cases will

be found tender to pressure, as will also the pneumogastric nerve of the same side. Pressure upon either of these nerves will sometimes aggravate the shoulder-tip pain, and upon the vagus will excite or increase the pain in the liver."

**PANCREAS AND FAT.**—Some late researches on this subject, by Dr. Dobell, noticed in the *Boston Med. and Surg. Journal*, are well worthy of mention, as follows:

"The influence exerted by the pancreas upon fat appears to be by breaking up the aggregation of the crystals of the fat and altering its hydration. It alters the molecular condition of the fat, mingling it with water in such a way that even ether cannot separate the fat from the water. A permanent emulsion is thus formed ready to mix with a larger quantity of water whenever it may be added. The pancreas, therefore, in acting upon fat, does not decompose it into fatty acid and glycerine; the absence of glycerine from the watery stratum and the presence of the glycerine in the pancreatized fat of the ethereal stratum having been demonstrated. It is well known that, in addition to the influence of the pancreas upon fat, it has the power of converting starch into glycose by simple mixture. This property remains to a certain extent after the pancreas has exhausted its property of acting upon fat. The quantity of pancreas that before mixture with fat will convert about eight parts of starch into glycose, after saturation with fat will still convert about two parts of starch into glycose."

**HONEY** is recommended as a substitute for sugar in kidney and bladder diseases, where the latter disagrees.

A GLASS factory in France has proven, by a two years' trial, that the habitual drinking of milk is a prophylactic against lead colic.

The Society then adjourned.

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THE February meeting, held on the evening of the 9th instant, was largely attended; the Vice-President, Dr. Gause, occupying the chair.

Dr. W. M. WILLIAMSON, chairman of the committee appointed to draft resolutions expressive of the sense of the Society at the dismissal of pension surgeons, on the sole ground of their being homœopathic physicians, submitted the following preamble and resolutions for the action of the Society:

*Whereas*, Surgeons have been removed from the Board of Pension Examiners on the sole ground of being homœopathic practitioners,

*Resolved*, That as all medical colleges obtain their authority from the same source, viz., the Legislature of their respective States,

*Resolved*, That the Homœopathic Medical Society of Philadelphia County protests against this outrage and calls upon other county homœopathic medical societies to co-operate with it in petitioning Congress to protect us in our right.

*Resolved*, That a copy of these resolutions be transmitted to the Hom-

œopathic Medical Society of the State of New York and to each member of Congress from the State of Pennsylvania.

(Signed)

W. M. WILLIAMSON, }  
M. M. WALKER, } Committee.  
B. B. GUMPERT, }

The report of the committee was accepted, and the committee discharged.

The preamble and resolutions were then considered, and after some discussion, were slightly amended and unanimously adopted.

Dr. W. M. WILLIAMSON, on behalf of the delegates to the State Medical Society, submitted the following report:

MR. CHAIRMAN AND GENTLEMEN: Your delegates to the Annual Meeting of the State Homœopathic Medical Society attended at its sessions last week, which were unusually instructive and interesting. The meeting was quite full, and very harmonious. A large number of original papers were presented, read, and ordered to be printed. The discussions were very full, and conducted with a spirit intended to elucidate the truth. Your delegation reported upon the general prosperity of this Society, and gave a short *résumé* of your efforts for the good and welfare of Homœopathy; particularizing your late action in condemning the indorsement of bitters and other nostrums by homœopathic physicians; also the matter of physicians occupying positions as examining surgeons for pensions being removed on account of being homœopaths; and also the work that is being done in this city, through your committee, to obtain recognition of Homœopathy in the contemplated National University. In reference to the two last matters a committee was appointed by the State Society to proceed to Washington, and co-operate with other similar delegations appointed from other states. The influence of this Society was acknowledged by the selection of Dr. H. N. Guernsey, as chairman of said committee to Washington.

On motion, the report was accepted, and the thanks of the Society tendered the delegates for their efficient services.

Dr. H. N. MARTIN then made a statement to the Society, on behalf of his colleagues of the faculty of Hahnemann Medical College, to the effect that a provision had been made in the rules governing the hospital attached to the college, which provided that the medical care of the hospital during six months of the year, when the college was not in session, should be offered the profession outside of the faculty, and that the County Society being the only organized body of physicians except the faculty, he desired the Society to take action in the matter, and hoped that it would accept the trust, and appoint physicians and surgeons to the hospital during the spring and summer months.

Dr. J. C. MORGAN followed Dr. Martin, and confirmed his statement. He also remarked that the physicians and surgeons so appointed would have authority to deliver clinical lectures if they were so minded; and he would be very glad to hear such lectures from some members of the profession, from whom he thought he could learn something.



Dr. MARTIN said it was the desire of the faculty that the physicians of the city should adopt this homœopathic hospital of Philadelphia, and do all in their power to further and aid it.

THE SECRETARY thought that as this proposition involved weighty considerations, and the Society should not pledge itself hastily, the matter should be laid over until next meeting, and he would send special notices to the members regarding the business to be brought up on that occasion. It was accordingly laid over.

The Report of the Scribe was then read by Dr. Dudley, in the absence of Dr. Bushrod W. James, who was detained by sickness. The report referred entirely to the main points of the evidence in the case of Dr. W. H. H. Neville, as follows:

REPORT OF BUSHROD W. JAMES, M.D., SCRIBE.

*The Case of Dr. William H. H. Neville, a member of this Society.*

On the morning of Tuesday, October 18th, 1870, a member of our Society, in high moral, professional, and social standing, while attending to his regular rounds of private practice, was placed under arrest by a detective officer on the statement of two females, who identified him as the man who, it was alleged, threw a living child into Cohocksink Creek on the morning of October 17th, 1870. After being arrested he was conveyed to the police station at Tenth and Thompson Streets, and thence to the central station; when, from the statement of the detective, he was committed for a further hearing. The following day he was taken before the coroner's inquest and again committed. On the following day he was again taken before Alderman Kerr, when he was finally committed for trial; and after an incarceration of more than a hundred days, he was tried before a jury, and, of course, honorably acquitted.

I purpose giving a brief account of the evidence upon which the Doctor was arrested, and the evidence submitted by both the Commonwealth and defence during the trial.

In the morning edition of the papers of Tuesday, October 17th, 1870, appeared the following statement: "About 10 o'clock yesterday (Monday) morning, Mrs. Taylor, residing at Islington Lane and Cohocksink Creek, noticed a man drive up in a doctor's gig and throw something into the creek; after he had driven off Mrs. Taylor went to the bank and discovered in the water a segar-box, which she pulled to the shore and examined its contents. The box contained a new-born babe. The infant was yet alive. Policeman Knorr was at once notified of the occurrence, and the foundling was given into the care of a Dr. Buckby, residing in North Eleventh Street, where it died at 9 o'clock in the evening. The individual who drove up in the vehicle is described as five feet ten inches in height, light complexion, and *sandy whiskers*.\* A sorrel horse was attached to the wagon. The police are investigating the affair."

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\* Dr. Neville's whiskers are very dark.

The following statement was given by Mrs. Taylor to officer Knorr, on Monday morning when the child was found: "About 10 o'clock, Monday morning, October 17th, 1870, a man about five feet ten inches in height, sandy whiskers, light complexion, wore a black silk hat, and drove a doctor's carriage and sorrel horse, stopped on the bridge and threw the child into the creek."\* I give the statement in Tuesday morning's papers, and also the statement of Mrs. Taylor to officer Knorr, to show that the horse was not described as having white feet and a white streak in the face, until after Dr. Neville's horse and carriage had been seen by Mrs. Taylor and Emma Haines, on the morning of the arrest. It appears that detective Nichols, who made the arrest, resided within a few doors of a house at which the Doctor had been making professional calls, daily, for some two weeks. That on the morning of the arrest, the detective had engaged the two women to come to his house at 8 o'clock in the morning, that after remaining at his house for some time, he, the detective, accompanied by the women, went to a stable on the opposite side of the street, where the Doctor had a patient, concealed themselves and awaited the Doctor's arrival. That after the Doctor drove up and had gone into the house to see his patient, the women, Mrs. Taylor and Emma Haines, and the detective, came out from their hiding-place, walked around the horse and carriage, thereby getting an accurate description of both, when they withdrew a short distance, again concealed themselves, and waited the appearance of the Doctor, who was arrested immediately after getting into his carriage. After the Doctor's imprisonment, his friends, together with his counsel, immediately made application to the District Attorney to have the case tried at once, but were refused, until after an imprisonment of over three months, when his case was finally called for trial. The question has frequently been asked, "Why did not the Doctor avail himself of the privilege of the habeas corpus?" The answer is this: the Doctor knew that the two women would swear positively to his identity, and as the evidence before a judge on a writ of habeas corpus is entirely *ex parte*, he knew the judge could not do anything less than remand him for trial.

On the morning of December 24th the case was called for trial.

William Haines was the first witness called for the Commonwealth. He testified, on cross-examination, that he was at work that morning about one hundred yards from York Street; that he could see all that drive on Islington Lane; that he had been at work since seven o'clock in the morning; that he had seen no one drive along Islington Lane that morning except two brick-carts; that from where he was working he could hear a carriage pass over the bridge; that he heard nothing that morning but the brick-carts; that, if any vehicle had passed along, he would have seen it; that the bell at Girard College strikes every hour; it is pulled by a rope; that after finding the baby, he went away for an

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\* Copy from coroner's notes.

hour, to help a man who was stalled with a load of manure; and all that time left the baby in the cigar-box.

Mary Haines was the next witness called, who testified that she was washing that morning from seven o'clock until she was called by Mrs. Taylor; that she did not see any brick-carts pass; saw a slop-cart pass along after she went to the bridge; had often seen the slop-cart; the owner has two horses, a red one and a white one; did not know which one was attached to the cart that morning; knew the boy who was driving, but did not know whether he had a hat on, how he was dressed, or whether he had a coat on; had seen the horses very often for a year past, but did not know whether they had long tails; did not know whether the red horse had white feet or a white stripe; also stated her father owned two horses; had owned them at least a year; one is a sorrel and the other a kind of red. She thought one had white feet; could not say whether the other had white feet; did not know which one had white feet. She only saw the man with the doctor's horse and carriage pass by the house; did not see them before or afterwards.

Emma Haines testified that she saw no brick-carts go by that morning. The college bell strikes every hour; at 2 o'clock it strikes two; at 3 o'clock it strikes three times. I am positive it strikes like the State-house. Saw the horse and slop-cart; did not know whether the horse had a white face or white feet. I went to officer Nichols's residence on Tuesday morning with Mrs. Taylor. We were concealed in a stable. Officer Nichols pointed the horse and carriage out to us. The horse and wagon were standing in Bolton Street, about twelve feet off. I had a good view of it; I was behind it and in front of it both. I was in the stable so as to have a chance to look at it; that is, the morning the Doctor was arrested. I went with Mrs. Taylor to officer Nichols's house; he came and told me where it was. While the Doctor was in the house I went out of the stable and took a good look at the horse and carriage.

Mrs. Taylor—I saw the man full in the face when he was on the bridge. I said before the Coroner that I only saw the side of his face, and did not pay much attention to the man. Yes, I said that day it was a two-wheeled carriage; but when my mind was settled, I knew it was a four-wheeled carriage; did not see any brick-carts that day. I went with Emma Haines to officer Nichols's house on Tuesday morning. We were concealed in the stable. The officer pointed the horse and carriage out to us.

Dr. Shapleigh, Coroner's physician, made the post-mortem examination. He found no bruises or scratches on the child. This closed the testimony for the Commonwealth.

It was shown in the testimony that after the box was open, the child, still in the box, was placed by the cart-shed; Mr. Haines went to help a man with a load of manure, Mary and Emma Haines returned to their washing, and Mrs. Taylor also abandoned the child. After it had remained by the cart-shed for a half hour, a Mr. Brown conveyed it to the dog-shelter; from there it was taken to the station-house and laid on a



settee; from there it was taken by a Dr. Buckby to his home, where it arrived about 3 o'clock, and died about 9 o'clock that evening.

The defence was opened by calling witnesses to character; after which the Doctor's whereabouts was shown from 7 o'clock in the morning until 1 o'clock in the afternoon, accounting for all the time, minute by minute, during the intervening six hours.

Mrs. Cook testified that she saw him at 7 o'clock at breakfast that morning; she saw him at different times; seeing him the last time at twenty minutes to 9 o'clock; heard him talking to a person after that time in the office.

Mrs. Smith, a visitor at the house, testified that she bid the Doctor good-bye at twenty minutes to 9 o'clock that morning, before she went to Ninth and Green to take the 9 o'clock train for Roxboro.

William Nixon testified he saw the Doctor between 8½ and 9 o'clock that morning, and was conversing with him at his office window.

Mrs. Carlile testified that she called on that morning at the Doctor's office about five minutes before 9 o'clock, and conversed with him in his office. She also testified to seeing a man conversing with the Doctor at his window as she passed to the office door.

The next we hear from the Doctor is fifteen minutes after 9 o'clock, when Charles Getz, his boy, testifies that he came to the stable for his horse and carriage.

Edward Getz testified that he hitched up the Doctor's horse that morning, and had the team at his store door at fifteen minutes past 9 o'clock; that the Doctor and his brother Charles jumped in immediately and drove down Ridge Avenue.

Mrs. Gravelle, a sister of Edward Getz, testified that she went to the stable that morning between 9 and half-past 9 o'clock to get some money from her brother Edward, and he was dusting the Doctor's carriage, and the horse was not yet hitched.

Charles Getz testified that the Doctor came to the stable for his team about ten or fifteen minutes past 9 o'clock; that he accompanied the Doctor and they left his father's store, a few steps from the stable, at about twenty minutes past 9 o'clock, passing down Ridge, to Parrish, to Thirteenth, down Thirteenth to Brown, down Brown to two doors below Twelfth Street, when the Doctor alighted and went into the house of Dr. Korndoerfer, remaining quite a long time; the last time he (Charles) looked at his watch it was ten minutes to 10 o'clock, and the Doctor did not come out for several minutes afterwards. He also testified that when he and the Doctor were driving down Parrish Street they met his brother John, and the Doctor and John conversed for a minute about a carbuncle on his (John's) arm.

Dr. William Taylor testified that he was passing down Twelfth Street on the morning of the 17th; passed Brown Street, at five minutes to 10 o'clock, and saw the Doctor's team standing in front of Dr. Korndoerfer's.

Mrs. McKinly testified that she was sitting at the front window, on Twelfth Street; saw the horse and carriage standing in front of Dr. Korndorfer's at about quarter to 10 o'clock; did not see it driven there or driven away.

Mrs. Grove, living opposite to Dr. Korndorfer's, testified that she saw the horse and carriage in front of Dr. K.'s house at twenty minutes to 10 o'clock; saw it two or three times that morning, seeing it the last time at 10 o'clock; did not see it go away.

John Getz, Jr., testified to seeing the Doctor and his brother Charles in the carriage, passing Sixteenth and Parrish Streets, about twenty minutes past 9 o'clock; the Doctor halted a moment and asked him about his arm. He also testified to seeing the Doctor driving out Coates Street, by Ridge Avenue, at fifteen minutes after 10 o'clock, going west, accompanied by a gentleman whom he did not recognize.

Drs. Samuel Brown and his son, S. Hastings Brown, testified to passing the Doctor's carriage on Brown Street, below Twelfth, between 10 and quarter past 10 o'clock; Dr. Neville was sitting in the carriage, and Dr. Korndorfer was just getting in.

Susanna H. Brown, residing on corner of Twelfth and Brown Streets, testified to seeing a horse and carriage standing in front of Dr. Korndorfer's, and Dr. Neville in the act of ringing the door-bell, at between twenty-five minutes and half-past 9 o'clock; saw Dr. Neville, accompanied by Dr. Korndorfer, driving out Brown Street at about fifteen minutes past 10 o'clock.

Harry W. Goodwin, grocer, N.W. corner Twelfth and Brown Streets, testified to seeing Dr. Neville drive up to Dr. Korndorfer's accompanied by a boy; the Doctor went into Dr. Korndorfer's, and after remaining there for quite a while came out about ten minutes after 10 o'clock; he said something to his boy, who got out of the carriage and walked out Brown Street; the Doctor stepped into his carriage, and in about three minutes Dr. Korndorfer came out, stepped into the carriage, and they drove out Brown Street.

Maggie McDonald, servant at Dr. Korndorfer's, testified to letting Dr. Neville in Dr. K.'s house about twenty-five minutes past 9 o'clock, and left about ten minutes past 10 o'clock.

Mrs. Addie Korndorfer, wife of Dr. Korndorfer, testified that Dr. Neville came to her house about twenty-five minutes past 9 o'clock, to see her husband; he went up stairs and remained until after 10 o'clock, when he went away accompanied by her husband.

Dr. Augustus Korndorfer testified that Dr. Neville came to his house and spent about three-quarters of an hour with him, going away accompanied by himself at a few minutes before half-past 10 o'clock; he had some vaccine virus for Dr. Neville and he had promised to call for it on that morning; have visited the scene of this alleged occurrence, on Islington Lane; the distance is one and a half to two miles from Twelfth

and Brown Streets; have driven over the route, and it takes about seventeen minutes, slow trot; after leaving my office on the morning of the 17th of October, the Doctor and I drove out Brown to Broad, down Broad to Coates, and out Coates to the Doctor's office, at Nineteenth and Coates; we halted a moment; the Doctor went into his office, returned immediately, and we then drove out Coates to Twenty-first Street, down Twenty-first Street to Mt. Vernon, and out Mt. Vernon to No. 2125, to Mrs. Brock's, a patient of Dr. Neville; thence we drove out Mt. Vernon to Twenty-second Street, out Twenty-second to Coates, down Coates to Nineteenth Street, out Nineteenth Street to 714, Mrs. Barrit, a patient of Dr. Neville; thence we drove up Nineteenth Street to Brown, out Brown to Corinthian Avenue, out Corinthian Avenue to No. 865, Mr. Cobb's, a patient of Dr. Neville; from there we drove to South College Avenue, No. 2010, Mrs. Fromer's, and remained there a few minutes; we then drove to Ridge Avenue, out Ridge Avenue to Jefferson, out Jefferson to Twenty-second Street, out Twenty-second to Bolton, down Bolton to Mr. Clark's, 2110; we then drove out Bolton to Ridge Avenue, down Ridge Avenue to Seybert Street, No. 1715, residence of Mrs. Arnold; we then drove to Eighteenth Street, down Eighteenth Street to Girard Avenue; down Girard Avenue to Eleventh Street, down Eleventh Street to No. 945, Mrs. Caldwell; from there we drove to Poplar Street, down Poplar to Tenth Street, down Tenth Street to No. 545, the residence of Mrs. Harrison; from there we drove to Wistar Street, out Wistar to No. 1018, the residence of my father; from there to Eleventh Street, down Eleventh to Callowhill, and stopped at the second door below Callowhill Street; we then drove up Eleventh to Green and out Green to No. 1334, the residence of Mr. Wade; thence up Green to Broad, out Broad to Brown, where I left the Doctor at about half-past 12 o'clock; I went with the Doctor that morning because I was sick and suffering, and had not visited patients for two days.

Mrs. Brooks, a seamstress, testified to seeing Dr. Neville on that morning about 7 o'clock, and also saw him, accompanied by another gentleman, drive up to his office about twenty minutes past 10 o'clock.

Mrs. Brock, Mrs. Barritt, Anna Morris, servant of Mrs. Cobb's, Mrs. Fromer, Mr. Clark, Mrs. Arnold, Mrs. Caldwell, Mrs. Harrison, Mrs. Cox, a lady residing with Mrs. Harrison, Mrs. Wade, all testified, fully corroborating Dr. Korndorfer.

Mr. Getz, Sr., who has the Doctor's horse at livery, testified that the Doctor returned to the stable on that Monday morning about one-quarter to 1 o'clock.

After calling a number of witnesses to character the defence closed.

Mr. Sheppard, District Attorney, then made the following remarks:

"With submission to your Honors, and you, gentlemen of the jury, we are here on the last day of the week, and the fifth day of the trial of this case. You have listened to the evidence with unexampled attention,



and I am sure you must feel wearied at the demands made upon your strength and your time. It is for that reason, if for no other, that it is an agreeable thing to see my way clear to say to you that I may save you from further consideration of this case. There are thirty witnesses who have traced the defendant from early in the morning until after 12 o'clock. These witnesses come from different portions of the city, and there is no common bond between them. They testify to facts and times which will cover all the time. I see no room to doubt the correctness and reliability of that evidence. Being of that opinion I should be recreant to my duty if I stood here to ask you to render any other verdict than the one I believe to be right—a verdict of not guilty."

Judge Allison remarked that he did not think the records of criminal trials can anywhere show an *alibi* more clearly made out than that which has been made out here. It commenced at a time long anterior to any time fixed by the Commonwealth, and leaves no period of time uncovered where it was possible the defendant could have been at this place and come back, covering every moment of time by testimony which, I am sure I am safe in saying, as it was proven here, was of the most respectable and the most credible kind. It is to be regretted that the defendant has been placed in the present unfortunate position before the community; but it is due to him that the court should express the fullest concurrence with the views of the District Attorney, and to say that if there was in this case a verdict of guilty of murder, we would not sustain it; and therefore, whatever the responsibility, we take our share for the course pursued in this case.

Judge Paxson desired to say that he concurred in the remarks of his brother Allison; and would say further, that he had rarely known such overwhelming testimony of good character as he had listened to in this case.

The bill of indictment was then handed to the jury, and a prompt response was made in the announcement of not guilty.

Dr. Neville was then discharged; and when he left the dock he was immediately surrounded by hundreds of friends who warmly greeted him, and thus was his character thoroughly vindicated before the entire community without a blemish remaining thereon.

THE SECRETARY then submitted, on behalf of Dr. James, the following resolution, which was unanimously adopted by a *standing* vote:

*Resolved*, That we heartily sympathize with Dr. Neville in his long imprisonment, and the hardship of being hastily taken from the performance of his professional duties without time to arrange his business affairs, to his great loss thereby; and we congratulate him on his thorough vindication without blemish of character, and assure him of our continued and unabated confidence and esteem.

#### DISCUSSION.

There being no paper to be read before the Society,

Dr. JACOB JEANES suggested that the members should give their

experience in regard of the prevailing diseases. He had noticed in his practice that swollen faces and gum-boils were more than usually prevalent. A physician in large practice had told him that he had seen a great number of carbuncles within a short period.

Dr. H. N. MARTIN stated that carbuncles presented in the Dispensary more frequently than usual. In his practice he had seen a number of cases of a disease to which he had been unable to give a name, occurring in different quarters of the city. There is high fever, and a severe pain in the back, like the pain of small-pox, with pains also in the elbow and knee-joints; very severe sore throat, which, on examination, reveals considerable swelling and deep ulceration—in some cases the uvula being almost eaten off; putrid breath and coated tongue. The symptoms resembled those of diphtheria, only there was no patches in the throat, but ulceration instead. A noticeable feature of these cases was, that no matter how the patients might be tucked up in bed, with hot bottles, &c., to keep them warm, the slightest movement would cause chills to creep all over them, particularly up the back. This symptom had led to his giving *Nux vomica* for these cases with great success. In a few he had to resort to *Phytolacca*, but *Nux vom.* was the chief remedy. These cases all occurred in adults.

Dr. J. C. MORGAN had seen a number of cases of facial neuralgia, but no swollen faces.

Drs. MIDDLETON and DUDLEY had seen cases somewhat like those described by Dr. Martin.

Dr. J. K. LEE had had a number of such cases, and had called them attacks of *influenza*. He had found *Nux Vomica* to be very useful in their treatment.

Dr. KORNDORFER related the history of a case to which he had been called. It was that of a musician who was attacked with *asthma*. The symptoms called for *Arsenicum*, which was prescribed. Being sick, Dr. Dudley visited the patient at his request, and also prescribed *Ars.* without knowing what he (Dr. K.) had given. *Kalibich* was also given, but in a few days the man died. There were no other symptoms than those of an ordinary asthmatic attack. A post-mortem was held, which revealed the lungs to be full of tuberculous deposit, though not to the extent to give rise even to the symptoms of the man's attack; but in the right auricle a mass of fatty tissue was found, filling the auricle and extending into the *venæ cavæ*.

Dr. J. C. MORGAN had lately grown suspicious of cases having persistent asthmatic symptoms. He remembered the case of a lady who died with asthmatic symptoms, and a post-mortem revealed *fibrinoid* clots in the cavities of the heart, and under the arachnoid. These presented a yellow and greasy appearance, resembling fat. In two other cases where the symptoms were apparently those of asthma, there was disease of the heart, viz., pericardial effusion; and the encroachment on the lungs was the cause of the asthmatic symptoms. In such cases of

apparent asthma, where there was blueness, &c., he made it a rule to examine the condition of the heart.

Dr. P. DUDLEY said that in the case related by Dr. Korndoerfer, heart clot was suspected, and perhaps the clot as found was originally fibrinoid, but if so it had undergone fatty degeneration, for it gave to several tests unmistakable evidence of being fat.

Dr. J. K. LEE. In case we should discover such a condition in time, *i. e.*, ante-mortem, what remedies could we resort to with any confidence? There is no remedy in the *Materia Medica* that covers such a case except *Sulphuric acid*.

Dr. J. C. MORGAN had seen some of these cases in the army, in which the men died as suddenly as if they had been shot. One of these men had been taking sulphuric acid for diarrhœa.

Dr. A. R. THOMAS had given a good deal of thoughtful consideration to these cases, and had seen numerous instances of death from fibrinoid heart-clot. He was of the opinion that this condition caused more sudden deaths than was generally supposed. Sometimes these deaths occur very suddenly, during convalescence, from some severe form of disease. A boy who had had diphtheria, was recovering nicely when he suddenly died, and the post-mortem exhibited fibrinoid clots in the right side of the heart. Another boy, who had been very well, came from school one day, and had a chill. He was called to him, but the boy died before night, and the same morbid condition was revealed on post-mortem examination. A man had tubercular disease, and had had slight hemorrhages, but he might have lived for years. He was taken suddenly ill one day, with great oppression of breathing, and died. The lungs were found to be filled with tubercular deposit, though not to the extent to cause death; but fibrinoid clots were found within the heart. In a case in which he had made a post-mortem for Dr. Martin, a similar condition obtained. In almost all cases these clots exhibit a buffy color, are destitute of corpuscles, and are sometimes so entangled with the valves of the heart, as to be with difficulty removed.

Dr. BROOKS wished to know whether clots in the right heart would not usually be found after death, and whether it was not a part of the process of dying.

Dr. THOMAS replied that clots were usually formed in the act of dying, but these fibrinoid clots, as he had described them, could hardly be regarded as having been formed *in articulo mortis*, but were undoubtedly ante-mortem pathological conditions.

Dr. MORGAN wished to know whether the expression "polypus of the heart," found under sulphuric acid, in the *Materia Medica*, did not refer to these particular clots.

Dr. THOMAS believed that it did. He had often had physicians bring him specimens of "polypus of the heart," as they termed them, which were nothing more than fibrinoid clots.

The Society then adjourned.



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MEDICAL HOBBIES AND PROFESSIONAL  
GUESSING ;

OR SPECIFIC VERSUS GENERIC TREATMENT.

BY H. V. MILLER, M.D.

(Read before the Central New York Homœopathic Medical Society,  
March 16, 1871.)

“The world is an innocent goose, to be plucked by the greedy empiric.”

In every age thousands of valuable lives and a vast amount of treasure have been fruitlessly expended upon Medical Hobbies and Professional Guessing.

Allopathy is essentially a system of hobbies, which are forever changing, like the waves of the sea. The hobby of to-day will be discarded to-morrow, and a new one be substituted in its place. The bad qualities of the old system are doubtless more or less reflected in the new; and homœopathy, too, is practically wedded to hobbies, though its theory is a perpetual protest against them.

As opposed to homœopathy proper, or the specific system, these hobbies taken collectively, constitute the generic system. Now this generic system is obnoxious to the charge of fallacy, as exposed in the following syllogism:

What has cured one case of disease, will cure all cases of the same disease.

Some medicine has proved curative in one case; that

medicine is therefore a panacea for all cases of the same disease, no matter how dissimilar the symptoms of each may be. [A fundamental principle of Allopathy.]

Allopathy makes no attempt to discriminate between cases of the same disease, but undertakes to make a convenient classification of diseases, each one of which is curable by some particular remedy—each remedy being a panacea for all cases of the same malady. Thus, what may be true of the action of a remedy in some particular case, is supposed to be equally true when the application is made universal. This is evidently fallacious. There is always more or less of diversity in the symptoms of the cases included under the general name of the disease. Hence what will cure one case may be no more suitable for another than if they belonged to two essentially different diseases.

On the contrary, homœopathy individualizes each case. [A fundamental principle of Homœopathy.] By seizing upon characteristic symptoms, it secures an exhaustive analysis of each case, and thence selects the absolute specific. Herein consists the manifest superiority of the new system. It is impossible that two systems so diametrically opposed to each other can both be true.

Our allopathic friends often manage to conceal their own peculiar weaknesses by emulating the cuttle-fish, in raising a great dark cloud on the irrelevant question of dose. They say, "The homœopathists employ such ridiculously small doses." The fact is, if the absolute specific be chosen, the quantity of the drug required in many cases is, comparatively speaking, immaterial. Almost any potency, at least, may cure. Close observation and intelligent experience in this matter can alone determine the most suitable dose. Hence if we are firmly established on the law of the "similars," as a sure foundation, we need not lose our equanimity if the great dose bugbear does so often appear to us, and, "like the ghost of Banquo, will not down."

The humbug of medical hobbies has been a thousand times exploded, but to be as often revived and rejuvenated.

When a drug has acted curatively in a given case, not only is the drug itself used as a hobby, but a theory is at once invented, explanatory of its action, and that theory is also used as a hobby.

If the despised empiric makes a hobby of some single drug mixture only, the ardent allopath can emulate the acute Yankees in guessing, while with Midas-like touch he transmutes everything into hobbies! And either of them is proof positive of the old adage, "that the fools are not all dead yet," else Sangrado's occupation would soon be gone.

When a hobby doctor promises a cure, he may "keep his promise to the ear," but he is very liable to "break it to the hope."

A certain allopathic physician makes a great hobby of pepsin in dyspepsia. He seems to prescribe it as a sort of panacea in such cases. It may often be a very good palliative, and even substitute for the genuine article produced in the grand human laboratory. But if we can induce kind nature to furnish her own healthy pepsin, this would, of course, be far better for the patient. Now this is precisely what specific treatment proposes to do. The following case is in illustration: A former patient of said pepsin doctor recently called and reported that pepsin failed to cure, or even palliate his dyspepsia. He complained of much bloating in the abdomen; a little food caused repletion, and there was much rumbling in the left hypochondrium. "He had little faith," he said, "in sugar pills." But he received *Lycopodium*, 2<sup>c</sup>. A few powders promptly relieved his dyspepsia, and during the last month he has scarcely experienced a single one of his former dyspeptic symptoms.

When all other hobbies have had their day and vanished from our sight, one will remain, the most hoary of



all. Need I say, that interesting relic of antiquity will be mercury? The following is the mercurial syllogism:

What cures a few cases of liver complaint, will cure all cases of liver complaint. Mercury has cured some such cases; it will therefore cure all such cases.

When a man carries in his cranium as much logic as that, he is surely better fitted to practice medicine than for "treason, stratagems, and spoils."

When a man fails as a barber, or in any other honest vocation, he turns doctor! A rogue generally requires a certain degree of talent or shrewdness to make his nefarious plans successful. But a doctor often excites our surprise by his remarkable skill in guessing, rather than by any wonderful coruscations of intellectual acumen. His successful impositions may command a certain degree of admiration, though his luckless patients deserve our profound sympathy. It is an old adage, that if you can once catch a drunken doctor sober, he is one of the greatest doctors in the community! It might be advisable for all second class physicians that "seek the bubble reputation," to avail themselves of this seasonable hint, and thus be able to attain eminence in their profession.

How many homœopathic physicians will not administer mercurius in all cases of "liver complaint," and that regardless of the peculiar symptoms of the case in hand? The case may require *calcareæ carbonica*; no matter. Routine prescribes mercurius. A large class of cases of chronic hepatitis, having the characteristic symptoms of sulphur, are curable only by sulphur, and that "*tutò, citò et jucundè*." Other classes are likewise amenable to treatment only under *calcareæ carbonica*, *sepia*, &c. When either of these remedies or any other is indicated, it is folly to think of curing the case with mercury, *podophyllum*, or any other mere liver hobby. As Napoleon said of allopathy in general, such practice "but counteracts nature." The latter drugs may sometimes palliate bilious symptoms, and so may almost any other drastic purga-

tives. The most that can be expected of generic treatment is mere palliation. Veritable cures of chronic liver affections by mercury or mandrake are "like angels' visits, few and far between." By means of exhaustive analysis and the exhibition of the absolute specific, I have promptly cured cases of chronic liver affection, with various complications, which had baffled the old treatment for months and years. So in the treatment of any other curable disease, the same contrast in final results will be found to exist.

*Case of functional derangement of the Liver, with various complications, promptly cured by the absolute specific, Sulphur.*

January 2, 1871. A. L. T., æt. 35; black hair and eyes; flushed and yellowish complexion; always bilious, and always subject to what he calls a bilious headache, beginning with a bitter taste in the mouth; hot vertex and forehead; cold hands and feet; often has burning soles at night; has to put his feet out of bed; much itching of the skin on retiring at night; after scratching, bleeding; no appetite for breakfast; sudden hunger at 10 or 11 A. M.; piles; constipation alternating with diarrhœa, which causes faintness and chafing, and sometimes drives early out of bed; urine often scalds; wakes often at night; rheumatism in shoulders, joints, and limbs at night, and pain in the bones, worse in bad weather; affected part cold; aphthæ. All these symptoms being characteristic of Sulphur, he received one dose of the 55<sup>m</sup> potency, and Saccharum lactis. Jan. 10. Bilious symptoms have disappeared; no heat at coronal suture; no frontal heat; no cold feet nor burning soles; no aphthæ; but nocturnal rheumatism remains the same. R. Sulphur 55<sup>m</sup>, 1 dose. Jan. 17. Patient remains about the same; no change since the last prescription was made. R. Sulphur 2<sup>e</sup>, 12 powders, one powder a day. Jan. 26. Reports well every day, rheumatism and all, except a little aphthæ on lower lip.

R. Sulphur 2<sup>o</sup>, one powder. Feb. 11. Patient reports entirely well in every respect.

A few years since poor health obliged him to abandon his business. Becoming impatient with homœopathic treatment in his family, he embraced allopathy and blue pills. But these luxuries failing to meet his expectations, he has now returned to his first love, homœopathy.

*A Sulphur-Sepia Case.*

Mrs. E. O., æt. 25. Black hair, blue eyes, dark, yellowish complexion; has had liver complaint about 6 years; stitches and soreness in hepatic region, worse in the A.M., after meals, walking and pressure; bitter taste A.M.; regular bowels. R. Nux. v. 4<sup>c</sup>, one powder a day. Nov. 10. Better of stitches and soreness in liver; faint and hungry at 10 A.M.; frontal heat and headache; heat at coronal suture; cold feet. R. Sulphur, 1<sup>m</sup>, sac. Nov. 26. Better every way; slight tenderness of liver; has backache and leucorrhœa. R. Sac. Dec. 17. Backache; leucorrhœa; dull, frontal headache with heat; cold feet; no appetite; A.M. nausea; catamenia regular. R. Sulphur, 55<sup>m</sup>, sac. lac. Dec. 24, A.M. Nausea; sensation of goneness in stomach, even soon after eating; bowels costive the past week; constant sensation of a heavy lump in the rectum, not relieved after evacuation; fine stitches in os uteri; leucorrhœa, with lame back as if dislocated; color of discharge whitish, thick; discharge chiefly after micturition; it excoriates thighs; it sometimes has a fetid odor, with drawing pains in the abdomen; before catamenia, some colic, shuddering, pressure in frontal sinuses and obscuration of sight; during catamenia, constipation; stools, hard and knotty; bitter eructation most of the time; after eating, acidity in mouth and bloating of the stomach; back feels weakest when walking; much perspiration of late in the axillæ; awakens about 3 A.M., and sleeps no more after that; limbs jerk when sleeping; sleeps at noon; hot flashes towards night, with thirst and



red face; perspiration always after, none during exercise; teeth bleed easily and decay rapidly; a green halo appears around the lamp-flame; sparks before the eyes; eyelids agglutinate at night; upper lids feel heavy at night and hang down; vertigo on rising from bed, and in the afternoon. All these symptoms belonging to *Sepia*, I prescribed *Sep. 5<sup>e</sup>, sac. lac.* Dec. 28. A severe attack of headache; patient could not come; no symptoms given. *R. Sepia, 6<sup>m</sup> 1*, with speedy relief. Dec. 31. Better of leucorrhœa and everything except weak back. *R. Sac.* Jan. 7. Better, back and all; but return of severe headache, same as Dec. 28. *R. Sep. 6<sup>m</sup> 1, sac.* Jan. 23d, discharged cured.

It is a plain violation of homœopathic therapeutics to prescribe aconite or aconite and belladonna in all cases of fever, or to make a hobby of any medicine in any disease. Yet this is customary with many of our number who loosely represent homœopathy.

Many physicians seem to have a "terrible itching for new remedies," which are said to be useful in certain diseases, but are destitute of any definite indications; whereas, perhaps these uneasy sons of *Æsculapius* are sadly ignorant of the virtues of the old, the well-proved and the never-failing ones, their early education being defective. This tormenting disease, which by the way is not amenable to Sulphur, nor any other antipsoric, is to be expected of the old school, wherein experience is not based upon any well-known law of cure, and where perpetual change is the life of the profession; but it seems entirely inexcusable in those who profess to practice the Specific system.

A young and ardent allopathic physician accidentally used Iodine lotion in a case of chronic nasal catarrh. He was no less surprised than elated to find that the result was a speedy cure. With all the enthusiasm of Archimedes of old, he exclaimed, "Eureka!" and ever afterwards made a hobby of his new discovery, persistently pre-

scribing it in all cases of catarrh. But he must have found himself in the pursuit of cures "under difficulties," for I never heard of his making any more of them.

When homœopathic physicians appear over-zealous in regard to new remedies, my diagnosis of their complaint is the inveterate hobby-mania, and my prognosis is unfavorable. Such exhibitions of the "ruling passion strong in death," convince me that medical hobbies, however absurd, are doomed, like the wandering Jew, forever to travel and never die!

By searching the *Materia Medica*, it is soon found that there are among drugs many candidates for the honorary title of Panacea. A cabinet containing a few such specimens, would furnish an outfit for many an enterprising routinist, be he allopathic or homœopathic in his medical proclivities.

The following is the *modus operandi* of panacea practice: The skilful routinist will first exhibit one panacea, or rather a set of several in alternation. Should this not prove sufficient, he will try another set, and so on until all are tried. Should the case still linger, is it now to be considered intractable? Is medical skill utterly exhausted? By no means. Under new auspices, and "guided by the lamp of experience," this good Samaritan may now begin at the beginning and repeat the same identical routine, perhaps on the expectant plan, waiting, Micawber like, for something to turn up, and so persevere until the patient's faith or purse becomes exhausted! This constitutes a regular course of treatment. If the patient die, he dies regularly "*secundum artem*," which is a soothing reflection in his last hours. If he live in spite of treatment, he may appropriately be dubbed "drug-proof." Some might regard this as trifling with human life; as guess practice; as the quintessence of empiricism; as the bane of homœopathy.

I have known homœopathic pretenders to inquire for the name of the disease under which a patient was labor-

ing. If they but knew the name of the disease, they could mount the fractions hobby of routine and treat the disease "*secundum artem*," by professional guessing. Whereas, Hahnemann admonishes us to treat cases, not names! We must cure our patients, and not, Don Quixote like, battle against some imaginary monster of disease!

An enterprising routinist being called to treat a case of scarlatina, with a flourish said to the alarmed mother, "I first take out my homœopathic pocket-case, and if I cannot cure your child with that, I will take out my allopathic case and then cure your child." The unsophisticated mother had never before seen a doctor ride such a monstrous hobby as this of allopathy and homœopathy combined. She seemed to admire his agility, and "hope whispered promised pleasure." But, alas! why did not this flippant fellow take out his allopathic pocket-case first, and thus make a sure thing of it? The angel of death drew near and claimed his victim, notwithstanding the doctor made such flattering promises, and had an allopathic pocket-case to use in case of need!

When this ubiquitous empiric himself falls sick, it would be sad indeed if his attending physician should take out his allopathic pocket-case and administer—the wrong medicine! If he should mistake morphine for quinine, for instance, as one of our homœopathic brethren did lately! In such a case it would be sadder still if no friendly allopathic physician could be found with his ever-ready stomach-pump.

A candid homœopathic physician once freely admitted that he had never in any case observed positive proof of the efficacy of homœopathic remedies. His patients, for aught that he knew, might have recovered just as well without treatment. May not the explanation of this phenomenon be found in the fact that the doctor prescribed on the routine plan, and that where so many drugs are used simultaneously, it is puzzling to determine which cures?



An allopathist will often get some palliative effect from his drugs; a routine homœopathist need seldom expect as much as that, unless he resorts to crude drugs; a habit, by the way, which he is very apt to indulge.

True homœopathy consists in a system of absolute specifics. Says Coleridge, "In the perfection of science all medicines will be found specific." Homœopathy answers to this "perfection of science." And every homœopathic practitioner that truly applies the "law of the similars," to each particular case, using one remedy at a time and a suitable dose, will soon be convinced of the precision of his prescription and of the efficacy of homœopathic remedies. Homœopathic practice requires brains rather than big doses! When properly supported by brains, even the inappreciable dose manifests miraculous power! But in the hands of the professional guesser, it is no more than a bag of wind! He can neither distinguish aggravations nor curative effects of drugs! He is obliged to resort to allopathy for its palliative effects! He has no confidence in himself, in his own skill or profession! He realizes in his inmost heart that with him all is deception! He may march under homœopathic colors and skirmish with homœopathic remedies, but should the action prove to be more than a mere feint, he resorts to his allopathic pocket-case, kept in reserve! Routinists make no account of the fact that in different cases the causes, symptoms and circumstances may differ, as may also the constitutional peculiarities of the patient; nor of the equally important fact that symptoms, not names of disease, are essential guides in therapeutics. Yet though we may not prescribe according to any convenient classification of disease, this does not excuse us for failure in diagnosis, as one veteran homœopathist claims. A homœopathist should know all that the old school are familiar with, and even more in pathology, diagnostics, and therapeutics.

The groping routinist may have to range at random

through the whole catalogue of remedies before he stumbles upon the proper one, and even then, perhaps, he will not persevere long enough to effect a permanent cure. In specific homœopathy the same remedy may be indicated in almost the whole range of disease, provided the symptoms be constant.

Should some new forms of disease appear, the generalizing routinist stands paralyzed with doubt and fear, being entirely at a loss what course to pursue; whereas, the specific homœopathist will confidently choose his remedy according to the symptoms of the case, and that with as much facility perhaps as in the most familiar forms of disease. In order to do this he must comprehend the action of his own remedies. It requires some familiarity with the pathogenesis of drugs, and especially with characteristic symptoms, to enable him to make an exhaustive analysis of each case in the shortest possible space of time; an essential prerequisite to brilliant success. But the routinist has neither time nor inclination to pore over his musty *Materia Medica*, nor money to waste upon prosy medical libraries.

If the true homœopathist have an obstinate case to treat, he diligently makes use of his excellent reference library, and carefully studies the symptoms until he solves the difficult problem, and is thus rewarded with splendid success. But the professional guesser, after feeling of the enemy, disease, by light homœopathic skirmishing, invariably depends upon his allopathic palliatives held in reserve.

The fact that homœopathy is to-day a living and progressive system in all parts of the civilized world, notwithstanding it is so often misrepresented by pretenders, is indicative of its final and glorious triumph. Within the next decade, Central New York may be redeemed from the thrall of allopathy if the members of this Society will pledge renewed and eternal fidelity to our great and beneficent law of cure.

## THE EXTERNAL APPLICATION OF REMEDIAL AGENTS.

BY ALFRED K. HILLS, M.D.

THE external manifestation of disease is one symptom of disease pervading the whole organism. No external symptoms of disease will occur until the whole organism is in possession of the dynamic power of disease or medicine. We find, after the introduction of the vaccine virus, some time will elapse before development of the pustule, which is evidence that the whole system is affected before the external manifestation.

The venereal poison, contagion, and miasmatic diseases of whatever name or character, must pass through a certain stage of development in the internal organism; in other words, must become intrenched therein, for a longer or shorter period, in order to gain sufficient power to manifest its presence externally.

The topical application of medicine to a diseased organ, is a prescription based upon *one symptom on'y*, and consequently should not be made.

The application of substances externally may be sometimes admissible on hygienic grounds, *when absolute'y necessary to cleanliness*; as medicinal agents, NEVER, excepting in primary conditions from traumatic causes.

External symptoms are secondary, dependent upon and subordinate to the internal organism.

All nourishment and growth is from within, and external symptoms will not continue long to manifest themselves when the requisite to their existence shall have ceased; hence, external symptoms will not show themselves, unless the nourishment is of a character to create them.

The natural elimination of disease is from within outward, following the course of nutrition, and not from without inward.

Numerous instances of fatal results from external treat-



ment of disease can be given; they are so common, all must have become familiar with some such cases.

What observer in our profession has not seen or heard of cases of endocarditis following the treatment of rheumatism with topical applications and excessive doses of iodide of potassa? or tuberculosis following the healing, by external influences, of an ulcerated os? or the many secondary symptoms that follow the treatment of a chancre by the cautery or excessive doses of mercury? These cases are so common that a volume might be filled with their details. The sequelæ of badly treated or neglected cases of scarlet fever, measles, mumps, &c., teach us with what ease metastasis obtains.

By the local application of medicines to external symptoms, an impenetrable obscurity is thrown over the treatment, for our most important symptom may have been removed, so that a complete picture of the case will be obtained with far greater difficulty, if at all. If the true remedy has not been found before the local symptom was destroyed, the case becomes still more obscure, on account of the uncertainty and inconstancy of the symptoms that remain, and the proper time for its use is now lost to us by the removal of this indicator.

The pathological symptom of disease which becomes an objective symptom by development, if treated both internally and externally, will often mislead us, from the fact that medicinal substances applied directly to the organs affected expend themselves more rapidly, so that the external symptom which really was an important one, from the fact that it was positive evidence of disease within, disappears faster than the internal, and when we suppose our patient is cured, it appears to be only a suppression of *one symptom*, and we are unable to definitely tell whether or not the internal disease is cured.

The acarus will not plant itself in soil unadapted to its development, and although we may be dextrous enough with our needle to exterminate the animal life, unless we

purify the soil at the same time, and make it untenable to these invaders, our patients must continue to suffer from the constitutional disease which is the guarantee of their existence.

I think the fact that all persons are not susceptible to infection from miasmatic influences, is sufficient proof that the whole organism has to do with their acceptance or rejection.

The internal administration of a single dose of the indicated remedy will often be sufficient to cure, simultaneously, the general bodily disease and the local affection; which proves to us that the local evil is dependent upon a malady of the entire organism, and should be looked upon as an inseparable part of the whole picture, and one of the most marked and prominent symptoms of the general disease.

The local application of medicines to diseased organs, may, and often does, suppress the disease, by stopping up the outlet which nature has made through which to drain the system of impurities. I will not say that radical cures never occur under this treatment, but I am of the opinion that the risk of metastasis is too great for our justification in attempting such practice.

We can but see that if an agent acting too powerfully upon a diseased surface is applied, before the system is in order, through the attempt of nature to place it so, and the avenue of exit closed, either the system must continue to suffer from the presence of this poison, which was the prime cause of the external symptom, or else other parts must be invaded, with the same end in view.

Opposition to the natural course of disease will promote rather than retard it, by adding to its volume from pressure of defeat or confinement, when seemingly impregnable breastworks are carried with great ease.

When the natural elimination of disease is obstructed, the result will be much the same as when a mighty river is stopped in its course; if there be a weak spot in its

banks, it will surely be found, with imminent danger to whatever may come in its way.

At this juncture we find complications that had never been thought of before; such wanton destruction of tissue and utter demoralization of the surroundings, that we begin to look around to see if we really have a constitution left upon which to build, and then begin to think of what we call "*constitutional treatment*."

If the system has not too far degenerated, we may still be able to bring it up, providing we do not again stop the natural course of elimination, and remembering that we *may* have a constitution which must not be violated, provide nutrition that will be assimilated in a healthy manner by the aid of medicines, if necessary.

Physiology has taught us the source and end of nutrition, with the intimate connection of every part of the human organism with its centre through the circulation, and how easily the whole system becomes contaminated from substances placed upon sensitive nervous tissue possessing a thin cuticle, or entered beneath the epidermis of any part. It would seem that no safe and reliable mode of cure could be entertained, unless following the natural elimination of disease and nutrition.

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### LOBELIA CÆRULEA.

R. J. McCLATCHEY, M.D.

DEAR DOCTOR: Our esteemed friend, Dr. Jeanes, has opened the cornucopia of his explorings from scores of years of practice, and has communicated to the County Society and your Journal (January number, p. 332) some of his invaluable observations. I can congratulate you and the profession on this, and hope Dr. Jeanes will continue his communications. With regard to the *Lobelia Cærulea* I have something to add. During those happy olden times, when the Bureau of Materia Medica had a meeting about



once a week, it was resolved at one of the meetings that a drug should be proved by the members, the name of which should be known only to the one who had to select and procure it. A unanimous vote intrusted me with this, and I brought, at next meeting, a bottle for each member; each vial containing ten drops of a tincture of an American plant in ninety drops of alcohol. At one of the following meetings the reports of the provings were read. Before telling the name of the drug, I remarked that none of the provers had reported any *mental* symptoms. The provers declared that they had not felt certain enough about this to write it down in their reports. At my request they now wrote on slips of paper, each one, without conversing with another, what he supposed his state of mind to have been inclined to, during the proving. After collecting the slips, before reading them, I told them the name of the plant they had proved. I had selected a *Lobelia*, to do honor to Dr. Jeanes, the first and original prover of *Lobelia inflata*. I had selected the so-called *syphilitica*, differing not only in its more elevated carriage and rank from the small recumbent *inflata*, but especially on account of the beautiful blue color of its flowers. The explanation of this we have in the following:

During a trip in Germany, from 1845 to 1846, I made the personal acquaintance of Dr. Helbig in Dresden, the prover of the *Nux moschata*, and had many interesting and instructive conversations with him. His heart opened towards me when he found that I esteemed him so much more highly than any other of the homœopathists of Dresden, and he referred, in one of our conversations, to the observations of Dr. Esquirol of Paris: "In our insane asylum the dyers in blue are all melancholic, the dyers in red are violent, furious maniacs," "and," said Helbig, "this is true," and, going a great way further: "*all plants with red flowers cause an excited, exalted state of the mind.*"

In the genus *Lobelia* we had the white-flowered *inflata*, the blue (called by Jeanes *cœrulea*, instead of the absurd

and offensive name syphilitica), and the red *cardinalis*. There was now a chance to find out whether Helbig was right, and I therefore selected the *blue-colored* Lobelia, intending to propose the *cardinalis* to others for a later proving.

Hence my inquiry about the mental symptoms. Unanimously the provers reported on their slips of paper—a *depression of mind!*

The signatura rerum of olden times was the foreshadowing of Homœopathy, and we ought,—of course not in the way they did ages ago, but according to the strict method of our age,—use it to arrive at generalities, of which we are very much in want. Helbig's, Grauvogl's, and Hausmann's are the various doctrines by which we may arrive at this. After a thirty years' attempt by the anti-Hahnemannians to pathologize our Materia Medica, it has proved a complete failure.

Grauvogl with his doctrine of constitutions, and Hausmann with his pathology of the tissues, have made gigantic attempts to elevate the standard of Homœopathy as a science. The American homœopaths have already received a translation of Grauvogl's work, by a translator who has overcome the greatest difficulties in a masterly way. The translator of Grauvogl, Dr. Shipman, Chicago, intends to translate, or is now translating, Hausmann's classical work. Let every one who possibly can afford it, get "Grauvogl," that the sacrificing worker for our cause may be enabled to publish Hausmann. Let our American literature always be equal to that of Germany. With Gross's "Compendium of Materia Medica," we are already ahead of them.

The reports of the provings of *Lobelia carrulea*, vulgarly called Syphilitica (to the just indignation of Dr. Jeanes), so far as they came into my hands, are at your service if you want them.\* Yours, respectfully,

C. HERING.

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\* These will shortly appear.—ED. H. M.

ACUTE FATAL CASE OF POISONING BY  
IODINE.

TRANSLATED BY S. LILIENTHAL, M.D.

A DRUNKARD, thirty-eight years old, took, January 21, at 7½ P.M., 2 ounces tincture of iodine, thus 96 grains iodine, whereas 60 grains are already considered a fatal dose. Soon after he felt burning and pains in fauces and abdomen, especially severe in the stomach, and vomiting and diarrhœa set in.

Status 2½ hours afterwards: Patient reclines in bed in a half-sitting posture, face very pale, sunk in, with glaring, dry, protruding eyes, pupils moderately dilated, reacting; temperature cool, especially the upper extremities; nose icy cold, the skin covered with light, cool perspiration; abdomen soft, not bloated; bladder empty; no priapismus. The burning pains in stomach and round the umbilicus not increased by pressure, no hyper- nor anæsthesia of single parts; no convulsions or contractions.

The cavity of the mouth pale, dry; lips and tongue uninjured, only at the root of the uvula a small red arch, convex towards the hard palate. The wall of the pharynx dry, slightly red; velum and tonsils normal; the expired air smells strongly of the iodine, especially during vomiting. Patient is perfectly conscious, clear-minded; disturbances of the senses only, surring in the ears, and heaviness of the head. His chief complaint is great præcordial anguish, so that he constantly changes position; extreme collapse and prostration, but not to fainting, and even when vomiting he raises himself up in bed without aid. Respiration somewhat quickened, normal in the lower lobes; in the upper rather sharp, but without râles; voice weak, but not without timbre; radial pulse hard and thin; on the carotid small and weak, 120, in *strong contradiction to the wild, irregular, sometimes intermitting motions of the heart*. Vomiting ensues, with easy vomituration at first, every 10–15 minutes; after awhile at longer intervals; sudden but not very copious; the vomited matter at first dark; but after taking Amylum and Magnesia usta, of a bluish cast, a whitish thick fluid. Drinking or moving increases the vomiting, which seems to relieve him momentarily; during the intervals nausea, but the præcordial anguish is his constant complaint. Stools, with colic and tenesmus, of a thin, fluid, red-brown jelly, smelling strongly of iodine.



*January 22.* Night without sleep. Morning: the great nervous centre free; increase of the precordial anguish and of the respiration; cool temperature; pulse can be felt, though small, 132; great collapse and Hippocratic face; speech stammering, voice hoarse, deglutition difficult. Severe pains in epigastrium and in the tympanitic abdomen, in the back and œsophagus. Vomiting not so often, but he throws up blood and passes it per anum. Hardly three tablespoonfuls of urine passed in twenty-four hours, of a dark reddish-brown color, and smelling strongly of the iodine. *Sitting up, very restless, in bed, his mind perfectly clear.* He died without agony thirty-three hours after having taken the poison.

*Autopsy.*—Very little blood in the cerebral sinus, but in large quantity in the great veins and in the capillaries of the pia; the cerebral gyri very prominent; corticalis very pale and anæmic; the internal substance tough, elastic. Palatum durum and molle strongly injected; on uvula and velum discrete orange-colored spots, formed by a thin but firm membrane, which can easily be pushed off; these spots become confluent on the posterior wall of the pharynx, and pass, increasing in size, over into the œsophagus and trachea; under the membrane the mucosa is hyperæmic, but not swollen. The surfaces of the epiglottis covered with strong pseudo-membrane; the mucosa eroded, dark red, with a quantity of swollen bloodvessels; the submucosa œdematous, but tense; the ventriculi Morgagni closed by swelling, and covered by similar pseudo-membrane, injected and of a deep-red color; similar, only discrete membranes on the vocal chords and the adjacent larynx; the trachea, on the contrary, is free. All the bronchi to the finest ramifications inflamed and full of tough mucus; the mucosa not œdematous, but highly swollen and injected. At every incision numerous small specks appear, looking like pus, but being only mucus. High-graded, acute emphysema all through the lungs; the parenchyma and the veins devoid of blood.

The heart large; the pericardial space small, without serum; the left ventricle hypertrophied; small cavities with partly fluid, partly coagulated blood; in the right, otherwise normal ventricle, the coagulum is larger; the smell of the blood not characteristic. The mucous membrane of the cheeks and tongue free; but the whole œsophagus down to the stomach covered by a false mem-

brane of orange-color, tough, which can be taken off; the connective mucosa stroma on some parts phlegmonous, puriform, but on the whole rather scanty.

The stomach contains a quantity of orange-colored mucous fluid, the mucosa of the same color, highly swollen; the glands have at the centre of every acinus a capillary extravasation; all around, the mucosa spotted, as if infiltrated by exudation, otherwise normal; a similar state is found in the intestinal and duodenal mucosa; the colon normal; the mesenteric glands anæmic and without change; the peritoneum pale, moist, without a vestige of inflammation; the liver that of a drunkard; the ureters normal; the bladder strongly contracted, empty, without the smell of iodine. Chemical analysis showed iodine all through the intestines, especially in the stomach and colon, also in the blood of the hepatic veins and in the urine, but none in the bile.

We find thus: 1, an exquisite picture of a croupous diphtheritic process in larynx, pharynx, and œsophagus; 2, during life a strong cardiac reaction; 3, a remarkable diminution of urinary secretion, without finding anything in the kidneys; showing therefore a deep alteration of the nervous and other tissues.—*Hom. Klinik*, Dec., 1870.

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## AN UNCONSCIOUS PROVING OF ZINC.

BY C. S. MIDDLETON, M.D.

A PHYSICIAN living in Michigan, writes to the *Boston Journal of Chemistry*, and gives an account of the poisonous effects (experienced by himself and wife) from using galvanized iron pipe for conducting water for drinking and culinary purposes.

These symptoms are particularly valuable, as they occurred in both the doctor and his wife, and as they were totally unconscious of "*proving*" at the time, and did not suspect the cause until after an absence from home, made necessary by their ill health.

While away, restoration of health ensued, but when they returned and again used the water through the

pipe, "in about a week the old pains returned with increased violence," thus unmistakably indicating the presence of poison (oxide of zinc).

The first ill effects noticed were "a *continuous dull pain* across the frontal sinuses, accompanied with *extreme sensibility* of the *cartilages* of the *ear* and *nose*, so severe that the *least friction or bending of the ear* or the *nasal cartilages* would cause acute pain."

Then came stiffness of the joints, with sharp lancinating pains above the joints, *always transverse, not lengthwise* of the limb. Pressure on the joints produced soreness and pricking pains, which would last some minutes.

In addition to the symptoms above enumerated, when the second "*proving*" occurred, "a severe pain in the region of the heart was experienced, with a slight swelling externally and great tenderness over the cardiac region."

After discontinuing the use of the water that passed through the pipe, these effects gradually passed off, leaving the victims "well, with the exception of a slight stiffness of the knee-joints."

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## UNCONSCIOUS HOMŒOPATHY.

BY RICHARD SCHULZ, M.D.

THE *Vienna Med.-Chirurg. Central-Blatt* contains an article on the treatment of Typhoid fever with Arsenicum, by Professor L. Ditterich of Munich, which may have some interest, as an exhibition, on the part of a distinguished allopathic physician, of unconscious (or conscious ? Ed. H. M.) homœopathy.

Dr. Ditterich, after having demonstrated cold bathing and enveloping of the patient in cold, wet linen sheets, as an excellent treatment for the lighter cases, recommends for the graver ones Arsenicum as of the highest importance.



"But," he says, "this remedy is not to be given in every Typhoid fever; it requires its particular indications, and it is principally in the second nervo-putrid stage *with excessive prostration* that it is in its place, and then only with the following symptoms:

*"Small, trembling pulse; dry skin; dry cracked tongue; dry lips, all covered with black slime; bleeding from the nose, lungs, stomach, or bowels; petechiæ on chest and abdomen; swelling of the spleen; subsultus tendinum, and decubitus."*

"If these symptoms are present, you may give Ars. with full confidence, and be certain that a decided change in the whole aspect of the malady will occur within three or four days.

"Even when only some of the stated symptoms are present Ars. ought to be given; hardness of hearing and delirium even would be no contra-indications."

If these symptoms, indicative of Arsenicum, had not been represented as something new, and had not been published in an allopathic journal, we could have accepted them as from the hand of a true homœopath.

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## CLINICAL CASES.

### *Climacteric.—Calc. carb.*

A FEW months since, a lady of decidedly lymphatic temperament, approaching the climacteric period, called at my office to be treated for the following symptoms: Sudden flushes of heat to the head, lasting for a few seconds and ending each time in profuse sweat of head and upper part of body. These symptoms occurred at frequent intervals during the day and night. In addition, I learned also that my patient suffered with occasional paroxysms of dizziness and difficulty of breathing, also severe pain in small of back. Has been troubled greatly in early life with swelling of glands of the neck.

The group of symptoms presented unmistakably pointed

to but one remedy, viz., Calc. carb., which was given. I placed a few small pellets of the 500th potency (Tafel) on her tongue, and gave her three additional powders, one to be taken every third day. Improvement began after the first dose, by a decided diminution of the sweats. After these had entirely ceased (not before), the "hot flashes," as my patient termed them, began to diminish in intensity and rapidly disappeared, with no return up to this time.

Experience teaches me that homœopathy can always give relief to the sufferings peculiar to women at the climacteric period. When carefully selecting the remedy, my success has been remarkably uniform in these cases; astonishing those who had previously been under allopathic treatment, and calling forth the gratitude of those who are adherents of our system.

I will add that in those cases of sudden flushes of heat to the head, the face feeling as if all in a glow, *without sweat*, especially when worse after sleeping, or immediately on falling to sleep, Lach<sup>œ</sup> has invariably, in my hands, given speedy relief.—C. Carleton Smith, M.D.

#### *Artemisia Vulgaris.*

A boy, 10 years old, came under treatment for a supposed vermicular trouble. The symptoms seemed to point to *Cina* (*Artemisia vahliana*), which relieved for a time. Other medicines followed, when, on one occasion, while in my office, he suddenly grew pale, commenced a chewing motion with his mouth, *walked around the room, picked up a book and threw it forcibly on the table*, returned to his seat and became conscious again. He was then as well as usual, with the exception of a slight languor. On questioning him, he stated that it commenced with a creeping (aura), beginning in the pit of the stomach and spreading thence to the head, causing unconsciousness, during which his automatic motions took place. In school, he has been known to walk in the same unconscious state, slam his

slate on the desk, look up at the clock, cry out the hour in a loud voice, and then return to consciousness without the slightest recollection of what he had done. *Artemisia vulgaris* relieved these symptoms. Unfortunately the family has left the city, and I am unable to say how permanent is the relief. But I am certain that each attack following the medicine was lighter.

It is a singular fact that all of the tribe of Senecionideæ, ord. Compositæ, which we have proved (Cina, Artem. vulg., Cham., Tanacet., Arnica, Senecio grac.), have relief from some form of motion.

The *Artemisia vulgaris* resembles the Cina in nervous troubles, but as it is in conjunctive relationship it cannot be used immediately before or after Cina. As a disjunctive relative, and hence one which follows well, *Silicea* corresponds to the somnambulistic state, and *Silicea*, *Nux vom.* and *Caust.*, to the irritation of the solar plexus giving rise to spasm. The *Absinthium* (wormwood), another member of the Artemisiæ, when drunk in brandy (a famous drink used to stimulate the brain by actors, &c.), I have seen produce the Delirium Embriosorum, which was only relieved by *pacing the floor*, showing again the general relief from motion.—E. A. Farrington, M.D.

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE forthcoming twenty-fourth session of the *American Institute of Homœopathy*, in Philadelphia (and which will be the twenty-eighth anniversary of its organization), gives fair promise of equalling, if not surpassing, any previous meeting of the Institute, in attendance, in interest, and in general usefulness. A number of questions are now pushing prominently forward for the consideration of this great deliberative body, all of which are of great importance to the welfare of the profession, and require to be settled sooner or later. It is a pleasure to know, however, that none of these are of a character to give rise to any want of harmony in the Association. We trust that if there be a single one of our readers not yet connected with the Institute, he will at once write to the General Secretary, Dr. R. Ludlam, of Chicago, for a blank *application*, have it properly authenticated, and returned to the Secretary,



and then make preparations for visiting Philadelphia and attending the sessions of the Society, along with all those who are already members.

In this connection it gives us pleasure to print the following circular emanating from the

#### BUREAU OF CLINICAL MEDICINE.

The Bureau of Clinical Medicine would call the attention of the profession to the department assigned them, and solicit their co-operation and assistance. Each member of the Bureau, with one exception, is pledged to present a paper at the meeting of the Institute in Philadelphia, in June next, and it is not doubted that topics of interest, and material of value to the profession, will be thus brought before the meeting. But to make these reports as complete as may be, the members of the Bureau would solicit the report of important cases to either member, for which the contributor will be duly credited. And any new epidemics or unusual diseased conditions reported to them, will be published in full, or presented in abstract, with full acknowledgment to the author. It is the wish of the Bureau to call out some of the best work from the profession, and add something to our stock of professional knowledge. Each member of the Institute, to whom this call may come, will please consider himself a committee of one to write something, and send it early to either of the members.

S. M. CATE, Salem, Mass.,  
GEORGE E. BELCHER, New York,  
D. H. BECKWITH, Cleveland, O.,  
J. C. BURGHER, Pittsburg, Pa.,  
N. F. COOKE, Chicago,  
W. H. HOLCOMBE, New Orleans,  
F. B. MANDEVILLE, Newark, N. J.,  
A. T. BULL, Buffalo, N. Y.,  
JOHN T. TEMPLE, St. Louis.

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#### HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The next Annual Meeting of the *Homœopathic Medical Society of the State of Ohio* will be held in Cincinnati, on Tuesday and Wednesday, May 9th and 10th, 1871. Delegates from other State Societies are requested to report by letter if unable to be present in person.

H. H. BAXTER, Secretary,  
Cleveland, Ohio.

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#### OUR COLLEGE COMMENCEMENTS.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—A very successful College Season was brought to a close by this institution, on

Friday, March 10th, by the Annual Commencement exercises at the Academy of Music, in the presence of a large audience. The Valedictory was delivered by Prof. Richard Koch; after which the degree of Doctor of Medicine was conferred on the following gentlemen: Rev. Amos Abbott, Bombay, India; J. M. Armstrong, Northfield, Ohio; C. L. Bonnell, Brooklyn, N. Y.; T. B. J. Burd, Flemington, N. J.; W. H. Bigler, Bethlehem, Pa.; C. F. Bingham, Lionville, Pa.; W. E. Barrows, Providence, R. I.; C. D. Crank, Pittsburg, Pa.; E. B. Cushing, Lynn, Mass.; W. H. Corwin, A.M., Lebanon, Ohio; S. L. Dreibelbis, Reading, Pa.; A. J. Evans, Lockport, N. Y.; W. F. Edmundson, Pittsburg, Pa.; J. A. Fechtig, Hagerstown, Md.; A. Le Roy Fisher, Canandaigua, N. Y.; M. W. Hill, Barre, Vt.; J. B. Hall, Mansfield, Ohio; A. Hammond, Hagerstown, Md.; George Hosfeld, Jr., Philadelphia; F. E. Harpel, Shamokin, Pa.; G. H. Hackett, Belmont, N. H.; Levi Hoopes, Toughkenamon, Pa.; Wm. H. Keim, Philadelphia; G. J. W. Kirk, Hatboro, Pa.; John W. Klein, Louisville, Ky.; H. S. Keller, Hetricks, Pa.; J. C. Kennedy, Pittsburg, Pa.; Wm. K. Knowles, Augusta, Me.; Chas. H. Lawton, Newport, R. I.; Taylor Lansing, N. Y.; M. B. Morris, Philadelphia; G. E. Morgan, Rochester, N. Y.; Thomas Mathison, Franklin, La.; George H. McLin, Buchanan, Mich.; Perry Marshall, Mt. Holly, Vt.; A. G. Peckham, Easton, N. Y.; E. J. Pusey, Philadelphia; Joseph R. Pollock, Galesburg, Ill.; F. H. Packer, Brattleboro, Vt.; Rufus Reed, Camden, N. J.; Wm. H. Romig, M.D., Allentown, Pa.; Elijah P. Rogers, Pendleton, Ind.; John T. Sutphen, Middletown, Ohio; David R. Stouffer, Chambersburg, Pa.; Edward H. Stilson, Galesburg, Ill.; E. M. Scheurer, Hanover, Pa.; Charles Steddom, Lebanon, Ohio; Jose Antonio Terry, Cienfuegos, Cuba; F. W. Thomas, Philadelphia; C. M. Thomas, Philadelphia; J. W. Thatcher, Howellville, Pa.; Lewis Woodward, Newport, Del.; W. K. Williams, Phoenixville, Pa.; C. B. Walrad, Three Mile Bay, N. Y.—Total, 54.

The *Honorary Degree* of the College was conferred on Frank A. Rockwith, M.D., Professor of Chemistry in the *New York Homœopathic Medical College*.

During the exercises a beautiful and life-like portrait of the late Walter Williamson, M.D., formerly Emeritus Professor, was presented to the Institution by the Graduating Class. The presentation address was very appropriately rendered by Dr. Geo. H. Hackett, of Belmont, N. H., and the portrait was received, on behalf of the Faculty, by Prof. O. B. Gause.

In the evening the Annual Banquet, given by the Faculty to the graduating class, came off at the Continental Hotel. After the good things provided for the feast had been thoroughly discussed, a number of speeches were made in response to sentiments proposed, and the occasion was altogether a very enjoyable one.

On Thursday evening March 9th, the *HAHNEMANIAN MEDICAL INSTITUTE*, a student's society connected with the College almost since its

foundation, celebrated its twenty-first anniversary, or "Annual Commencement," at the Assembly Building. The *Valedictory Address*, by C. D. Crank, of Pittsburg, Pennsylvania, was well written and eloquently delivered, and gave general satisfaction to the large audience assembled. The diploma or certificate of membership of the Institute, a beautiful memento of the days of college, youth, and happiness, was then delivered to the members of the college graduating class, by Prof. O. B. Gause, who addressed the recipients in his usual impressive and felicitous manner.

**NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.**—The Eleventh Annual Commencement of the New York Homœopathic Medical College, was held at Association Hall, on Thursday evening, March 22d. After prayer by Rev. Dr. Dowling, an Address was delivered by Rev. Dr. John Hall, and the degree of the College was then conferred on the following gentlemen:

O. M. Barber, Mystic Bridge, Connecticut; William C. Bryant, Brooklyn, New York (July 8th, 1871); Edmund Carleton, Jr., New York; Charles A. Church, Norwich, New York; George M. Dixon, Ripon, Wisconsin; S. W. Goodrich, Melrose, Massachusetts; Rollin B. Gray, Brooklyn, New York; John E. Hartranft, Penn's Grove, New Jersey; William Lee, Oxford, Ohio; Edwin Lodge, Detroit, Michigan; Julius L. Monmonier, San Francisco, California; E. C. Parke, Yates, New York; Charles F. Scudder, Northport, New York (April 21st, 1871); E. Z. Schmucker, Reading, Pennsylvania; T. M. Strong, Ithaca, New York; Armin Uebelacker, German Valley, New Jersey. Total, 17.

The *Honorary Degree* was conferred on Prof. C. G. Raue, of Philadelphia, W. W. Rodman, M.D., of New Haven, Connecticut, and Robert McMurray, M.D., of New York.

The *Valedictory* on behalf of the Class was delivered by Dr. Edmund Carleton, Jr., of New York, and that on behalf of the Faculty by Prof. William Tod Helmuth.

**HOMŒOPATHIC HOSPITAL COLLEGE OF CLEVELAND, OHIO.**—This flourishing institution, which has recently changed its name to the above caption, held its Twenty-first Annual Commencement Exercises on Wednesday, March 1st, in the College building. An address was delivered by Rev. T. B. Forbush, after which the degree of Doctor of Medicine was conferred on the following ladies and gentlemen, by Prof. T. P. Wilson, President of the College:

Mrs. J. A. Dunning, New York; Mrs. Julia A. Ford, Wisconsin; Anna A. Sowles, New York; Mary E. Hughes, Iowa; F. H. Burr, New York; J. H. Wilson, Kenton; S. S. Mills, Cardington, Ohio; C. W. Hayes, Illinois; W. H. Wise, Mansfield, Ohio; L. L. Legget, Zanesville, Ohio; S. Hoag, New York; J. C. Ellsworth, Dayton, Ohio; L. D. Eaton, New York; N. R. Gilbert, Ontario; A. J. Kreibiehl, Cincinnati, Ohio; J. Schneider, Berea, Ohio; George A. Slack, Clarksfield, Ohio; H. W. Osborn, Wisconsin; E. M. Hall, Cardington, Ohio; O. P. Sook,



Newark, Ohio; A. W. Blakeslee, Cleveland, Ohio; O. S. Runnels, Columbus, Ohio; B. H. Lawson, Michigan; A. Baldwin, Jr., Cleveland, Ohio; C. W. Hamisfar, St. Mary's, Ohio; A. Colom, New York; J. H. McLellan, Ontario; J. Q. Smith, Springboro, Ohio; M. B. Garver, Pennsylvania; S. P. Sown, Michigan; E. Ulrich, Cincinnati, Ohio; George Wright, Pennsylvania. Total, 32.

The Honorary Degree was conferred on R. S. Gee, of Wisconsin, and J. W. Healey, D.D., LL.D., of New Orleans.

The Valedictory Address was delivered by Prof. T. P. Wilson.

In the evening, the faculty, trustees, graduates, and invited guests, sat down to a banquet, which had been prepared at the Kennard House. A number of *toasts* were proposed, and were appropriately responded to.

**HAHNEMANN MEDICAL COLLEGE OF CHICAGO.**—The Commencement Exercises of this College were held on February 22d, in the new College buildings, on Cottage Grove Avenue. Prof. Ludlam, Dean, read an interesting report giving an account of the rise, progress, and present prosperous condition of the institution; after which the degree of the College was conferred on the following ladies and gentlemen by the President, Prof. Alvin E. Small:

James B. Bennett, Kansas; F. H. Berrick, Michigan; Mrs. M. B. Camm, Wisconsin; Levi W. Carter, Illinois; L. J. Clark, Wisconsin; W. R. Condell, Illinois; E. F. Dann, Wisconsin; E. T. Craft, Illinois; G. E. Cowell, Illinois; J. E. Gilman, Illinois; J. W. Haines, Ohio; Mrs. Rachel H. Harris, Iowa; A. W. Hendrick, Illinois; Joseph Hensley, Kansas; R. L. Howard, Illinois; A. E. Higbee, Minnesota; A. E. Ingersoll, Montana; A. H. Kalbfleisch, Illinois; J. W. Marslins, Sweden; M. McCullon, New York; W. R. McLaren, Canada; E. P. Miller, Illinois; J. W. Noble, Wisconsin; W. H. Parsons, Illinois; R. W. Pratt, Illinois; Stephen Porter, California; C. W. Prindell, Michigan; F. B. Richter, Wisconsin; S. J. Ricker, Illinois; G. T. Rand, Michigan; G. M. Saunders, Minnesota; W. G. Uhland, Illinois; M. R. Waggoner, Iowa; E. H. Wilson, Illinois; W. W. Wilson, Illinois; T. D. Williams, Illinois; S. P. Yeomans, Iowa. Total, 37.

The Valedictory on behalf of the Faculty was spoken by Prof. Foster, and on behalf of the graduating class by Dr. A. E. Ingersoll, of Montana.

**ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.**—The Commencement of the St. Louis College took place on Thursday evening, March 2d, 1871. The degree of M.D. was conferred on the following gentlemen:

John I. Kane, St. Louis, Missouri; H. C. Miller, Pittsburg, Pennsylvania; T. N. McCorkle, A.M., Naples, Illinois; C. J. Wendt, New Brighton, Pennsylvania; P. H. Wessel, Davenport, Iowa; W. H. Boardman, Pittsburg, Pennsylvania; E. A. Grivaud, St. Louis, Mo.; W. F. Dill, Pittsburg, Pennsylvania; Thomas Bradford, M.D., St. Louis, Missouri; B. W. Welton, Clinton, Missouri. Total, 10.

The Honorary Degree was conferred on Dr. M. M. Marix, of Denver, Colorado; and Dr. Kafka, of Prague.

The Valedictory was delivered by Prof. R. S. Voorhis, and the "charge to the class" by Prof. T. G. Comstock.

#### RECAPITULATION—NUMBER OF GRADUATES.

|                          |       |           |            |           |
|--------------------------|-------|-----------|------------|-----------|
| Hahnemann, Philadelphia, | . . . | 54        | regular, 1 | honorary. |
| New York College,        | . . . | 17        | "          | 3 "       |
| Cleveland College,       | . . . | 32        | "          | 2 "       |
| Hahnemann, Chicago,      | . . . | 37        | "          |           |
| St. Louis College,       | . . . | 10        | "          | 2 "       |
|                          |       | <hr/> 150 |            | <hr/> 8   |

### PUBLICATIONS RECEIVED.

THE OTHER LIFE. By WILLIAM H. HOLCOMBE, M D. Philadelphia: J. B. Lippincott & Co., 1871. Pp. 275.

This volume constitutes the latest publication of our friend, Dr. Holcombe, of New Orleans. His other non-medical writings, "*Our Children in Heaven*," "*The Sexes Here and Hereafter*," "*In Both Worlds*," &c., are doubtless well known to a large majority of our readers.

In "*The Other Life*," Dr. Holcombe pictures the life to come, from the Swedenborgian standpoint, with a vividness of description and minuteness of detail that carries with it the idea of knowledge derived solely by inspiration. Whatever may be the reader's religious faith, and however much he may dissent from the doctrines and beliefs of the "*New Church*," he cannot fail of being impressed by the deeply religious tone of the entire volume, nor of appreciating the poetical prose of the author.

Dr. Holcombe is an earnest and able champion of the doctrines of Emanuel Swedenborg, and he claims that his views of the other life, as given in this work, are not "the speculations of fancy invading the sanctuaries of the soul, nor the wandering dreams of imagination mistaking the beautiful for the true," but that they are "veritable pictures of the life to come," drawn from the writings of Swedenborg, the "divinely commissioned Interpreter of the Word of God." He likewise claims that the writings of his beloved author contain "the elements of a philosophy which will remove the objections of the skeptic, dissipate the doubts of the Christian, and, overcoming all obstacles, finally *unitize* the Church of God." If they are capable of accomplishing all this, and particularly the last-mentioned "consummation most devoutly to be wished," then, we trust all efforts to popularize them and remove the deep veil of obscurity which surrounds them, will meet with complete success.

The publishers have presented the work with the valuable accessories of clear type, good paper, and neat binding. On sale by Boericke & Tafel, New York, Philadelphia, &c.

**GALVANO-THERAPEUTICS. THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF THE GALVANIC CURRENT UPON THE ACOUSTIC, OPTIC, SYMPATHETIC, AND PNEUMOGASTRIC NERVES.** By WILLIAM B. NEFTTEL, M.D. New York: D. Appleton & Co., 1871. Pp. 161.

The scope of this excellent little treatise is fully expressed by its title. It is a part of a larger work to be issued by the distinguished author, and which will comprise first, a treatise on diseases of the nervous system, and second, the galvanic current in its relation to physiology, medicine, and surgery.

Forming the greater portion of the volume under consideration, and its by far most interesting and valuable part, is a consideration of "Electro-otiatrics." There is, no one doubts at the present time, great value in the scientific use of the galvanic current, in the treatment of certain forms of disease, and particularly in diseases of the ear and their accompanying conditions. Nefttel describes the mode of procedure with the galvanic current in the treatment of several forms of aural affections, and gives cases illustrative of the success of his treatment. We may be permitted to remark, however, that any homœopathic physician of extended experience could give cases from his case-book similar to those related by our author, in which satisfactory results were arrived at after the administration of the *specific* remedy. There are doubtless cases, however, in which homœopathic remedies failing, great benefit, and even curative results, might be derived from the application of the galvanic current.

The parts devoted to electro-otiatrics are followed by chapters on the uses of the galvanic current in derangements attributable to disordered conditions of the sympathetic, splanchnic, and pneumogastric nerves.

The following extract will doubtless prove interesting, containing, as it does, views that are comparatively novel:

"It is a well-known fact that a blow upon the abdomen, especially in its expanded condition after a full meal, is very dangerous, and there have been instances of sudden death after such a blow, in consequence, no doubt, of paralysis of the heart through reflex action on the pneumogastric. I have had many times the opportunity of convincing myself and others, during the operation of ovariectomy, that the pulse becomes small and irregular as soon as the peritoneum is opened and subjected to the irritating influence of the air. The so-called abdominal pulse in peritonitis must be explained in the same way, by reflex action of the abdominal nerves upon the inhibitory fibres of the pneumogastric. I ascribe the fatal termination of operations on the peritoneum in many instances to the same cause. It often happens after such operations that a collapse sets in, accompanied by a small, irregular pulse and vomiting, and at the *post mortem* no peritonitis is found. In such cases death is undoubtedly caused by paralysis of the heart, induced by reflex irritation of the pneumogastric nerve. I have, therefore, proposed to use, during surgical operations upon the peritoneum, an intense irritation of the skin by an induced current, to prevent paralysis of the heart."



## HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

### PROCEEDINGS OF THE SIXTH ANNUAL SESSION.

THE Sixth Annual Session of the *Homœopathic Medical Society of the State of Pennsylvania* was held in the Senate Committee rooms of the Capitol, at Harrisburg, on Wednesday and Thursday, February 1st and 2d, 1871.

#### FIRST DAY.

##### MORNING SESSION.

The Society was called to order at 10 o'clock by the President, Marcellin Coté, M.D., of Pittsburg.

The Rev. Mr. SNYDER, of Harrisburg, then opened the Session with prayer.

THE PRESIDENT then addressed the Society, congratulating the members on the progress of Homœopathy in the State and throughout the world. He advised that the Society should endeavor to secure from the Legislature of the State the passage of an act of incorporation, with the "medical bill" attached, as a measure to secure the more perfect organization of the Society, and to protect the profession against the admission of uneducated and incompetent persons. He likewise called attention to the prosperous condition of the Homœopathic Medical College located in Philadelphia, which has a class of 135 students, and to the successful operations of the homœopathic hospitals of Philadelphia and Pittsburg.

In referring to the death of Walter Williamson, M.D., of Philadelphia, a former President of the Society, he made the following remarks: "In looking over the meeting I see the empty seat of one who has been connected with Homœopathy in this State nearly since its origin—one who was always at his post in every county, state, and national society. I can say with sincerity and confidence that no man has done more for the advancement of our system in Pennsylvania, and in the United States, than Walter Williamson, M.D., of Philadelphia. The loss for us, gentlemen, is great, and we will feel it for a long time; but if we are deprived of his presence in our meetings, in our discussions, and our deliberations, we will always have the example he has left us as the greatest inheritance we could receive. We sympathize with the afflicted family, and we desire to tell them that if they have lost the beloved husband and father, we have lost one of our best friends. I hope that a memorial of our distinguished member will be presented during this session."

The roll was then called by the Secretary, and the members present noted.

The following propositions for membership were then made, and the

names referred to the Board of Censors: Drs. E. F. Goerson, Philadelphia; O. T. Huebener, Litiz; R. P. Mercer, Chester; C. S. Middleton, Philadelphia; H. R. Fetterhoff, Newville; W. C. Borland, Pittsburg; W. Wilson, Alleghany City; R. L. McIntire, Alleghany City; E. A. Wareheim, Glen Rock; Thomas Wallace, Alleghany City.

The report of the Treasurer was read and referred to Drs. J. H. Marsden and J. B. Wood, who were appointed to act as auditors.

Reports of delegates from this Society to other medical organizations being called for, Dr. O. B. Gause made a verbal report on behalf of the delegates to the American Institute of Homœopathy. He referred to the fact that this Society had united with the Philadelphia Medical Society in extending an invitation to the American Institute, to meet in the city of Philadelphia in June next, which invitation had been accepted.

Dr. W. M. WILLIAMSON moved that inasmuch as a Committee of Arrangements had already been appointed, extending throughout the State, a committee be appointed on behalf of the Society to confer with the Committee of Arrangements in regard to the matter. Carried.

Dr. B. W. JAMES reported that he had attended the meeting of the New Jersey State Medical Society, and found that society to be in a very flourishing condition, and homœopathy in that State to be rapidly gaining ground. An act has recently been passed by the State Legislature equalizing the status of homœopathic and allopathic practitioners.

Dr. R. J. McCLATCHEY, chairman of Committee on Charter, reported progress.

The Committee of Publication likewise reported progress.

The *auditors* reported that they had examined the accounts of the Treasurer, Dr. O. B. Gause, and had found them correct. The report was accepted, and the auditors discharged.

Dr. W. M. WILLIAMSON reported the Philadelphia Medical Society to be in a flourishing condition; having a membership of eighty, and an average attendance of fifty. The Society meets monthly, except in July and August, and at each meeting one or more papers are read on scientific subjects, and discussions had thereon, the papers and discussions being subsequently published in the *Hahnemannian Monthly*; and that the Society takes prompt action on all business pertaining to Homœopathy. He referred particularly to the action of the Society in regard to members of the profession indorsing nostrums; to the establishment of a Chair of Homœopathy in the proposed National University, and in the dismissal, by Commissioner Van Aernam, of pension surgeons, on the sole ground of their being homœopaths.

Dr. J. H. McCLELLAND read the report of the Alleghany County Medical Society. It has thirty members, and is active in advancing the interests of homœopathy. It meets in the Homœopathic Hospital. This Society has likewise taken action in regard to a chair for Homœopathy in the National University.

Dr. J. B. WOOD offered a report from the Chester, Delaware, and Montgomery County Society; and Dr. J. H. MARSDEN from the Cumberland Valley Society. Valuable papers are read at the meetings of these Societies, and the attendance of members is good and is increasing.

Reports from hospitals and dispensaries, and other charitable institutions, were called for.

Dr. O. B. GAUSE stated that the delegate from the Hahnemann Hospital and Dispensary was not present, and he would therefore ask that he be privileged to send his report to the secretaries, in case he should not arrive during the session of the Society. On motion, the privilege was granted.

A report was received from Dr. M. M. WALKER, Physician to the Germantown Homœopathic Dispensary, and presented by Dr. PEMBERTON DUDLEY. The report showed a marked increase in the attendance of the poor at the dispensary over the preceding year.

Dr. J. C. BURGHER, delegate from the Homœopathic Hospital and Dispensary of Pittsburg, made a full and able report of the condition and management of that flourishing and beneficent institution.

Dr. JOHN E. JAMES reported from the institution for aged and infirm persons of the Methodist Church. He stated that the institution had an allopathic and homœopathic attending physician, and that they got along harmoniously.

Dr. C. H. HAESELER reported on behalf of the Berks and Schuylkill County Society, which had been organized in 1871, and now consists of thirteen members; the meetings of the Society, which are held alternately in the two counties, are always well attended. He stated that the Society had adopted non-ligation of the funis as a method of practice.

Dr. O. B. GAUSE reported as delegate from the Hahnemann Medical College of Philadelphia. The matriculation list embraced upwards of 130 names, the members of the class being, almost without an exception, men of a high order of attainments.

On motion, Dr. Gause was instructed to forward his report, in writing, to the secretary.

The report of the Board of Censors was then received. They reported the gentlemen proposed to be eligible to membership, and they were accordingly elected.

The President then addressed the newly-elected members present in fitting terms of welcome.

It was moved and carried that physicians present, not members of the Society, be and are hereby invited to a seat in the meeting, and to take part in the discussions of the Society.

It was moved that the Society adjourn for dinner at a quarter to 1 o'clock.



The secretaries and Dr. Friese, of Harrisburg, were appointed a committee to attend to the publication of the proceedings in the Harrisburg papers.

The President announced the committee to confer with the Committee of Arrangements for the meeting of the American Institute, to be constituted as follows: Drs. W. R. Childs, M. Preston, W. B. Reynolds, E. W. Garberich, and J. H. Marsden.

Dr. WM. R. CHILDS, on behalf of the Alleghany County Medical Society, presented the subject of the part the State Society should take in the reception of the American Institute, in June next, in Philadelphia, and stated that the Alleghany County Society suggested that the State Society should raise the sum of \$1000 for the purpose of giving a grand levee, and that this sum should be raised by the physicians not residents of Philadelphia. Alleghany County pledged itself to raise \$400 of this sum.

Dr. J. H. McCLELLAND moved, and it was carried, that the State Society pledges itself to raise the sum of \$1000 for the purpose above stated. Members of the Society from different sections of the State pledged their several sections to do their part in raising the balance of \$600.

Dr. C. H. VON TAGEN reported from the Dauphin County Medical Society. Report accepted.

The Society then adjourned to meet at 2½ o'clock.

#### AFTERNOON SESSION.

The Society was called to order at 2½ o'clock by the president.

A large number of gentlemen were found to be present, in addition to those reported at the morning session.

The following physicians were proposed for membership, and referred to the Board of Censors: Drs. W. D. Hall, Carlisle; Trimble Pratt, Media; D. L. Dreibelbis, Reading; S. R. Rittenhouse, Reading; E. H. Spooner, Reading.

Dr. W. C. DOANE introduced Dr. Lovejoy, of Owego, N. Y., to the Society. Dr. Doane stated that Dr. Lovejoy was the means of his initiation into homœopathic practice. The president addressed Dr. Lovejoy in an appropriate manner, and invited him to take part in the deliberations of the Society.

Dr. Lovejoy stated that he was very happy to meet with the Society, and thanked Dr. Doane for his flattering remarks, and the Society for its cordial welcome.

THE PRESIDENT stated that he had received a telegram from officers of the New York State Medical Society, asking the Society to appoint a delegate or delegates to visit Washington, in accord with a similar delegation from the New York Society, in order to take action in regard to the removal of homœopaths from the Pension Bureau, and the appointment of a chair of homœopathy in the proposed National University.

It was moved that a delegation of three be appointed, in compliance with the request from the New York Society. This was followed by considerable discussion, and the reading of correspondence between Dr. Stillman Spooner, of Oneida, N. Y., and Commissioner (Dr.) Van Aernam, also, a letter from Dr. A. T. Bull, of Buffalo, and one from Dr. Watson, of Utica, N. Y., all showing clearly that physicians had been removed from the office of examining surgeons for pensions, by Dr. Van Aernam, solely on the ground of their being homœopathic practitioners. The motion was then carried unanimously. The president announced that he would make the above appointments at the morning session to-morrow.

Dr. BUSHROD W. JAMES made a statement regarding the case of Dr. W. H. H. Neville, of Philadelphia, who had been arrested while in the prosecution of his business, upon the charge of having thrown a living infant into Cohocksink Creek, in the northwestern section of the city, thrust into prison, and detained in close confinement during a period of over three months, unable to procure a trial of his case, notwithstanding the most urgent appeals of the Doctor and his friends. The trial finally came on in the last week of January, when it was proved that Dr. Neville was elsewhere at the time of the alleged perpetration of the crime, by numerous and most respectable witnesses, and so strong was the evidence of the Doctor's innocence that the district attorney asked for a verdict of not guilty, and the judges stated that they did not know of another instance in the annals of criminal jurisprudence in which an alibi had been so clearly and unmistakably proved.

Dr. JAMES thereupon offered the following, touching this extraordinary case, as a petition to be presented to the Senate and House of Representatives of Pennsylvania, which was seconded by Dr. Dudley:

*To the Senate and House of Representatives of the Commonwealth of Pennsylvania.*

The Homœopathic Medical Society of Pennsylvania, convened in its sixth annual session in the city of Harrisburg, would respectfully represent to your honorable bodies that—

*First,* The attention of this Society has been called to the fact that one of its members, Dr. W. H. H. Neville, a respectable citizen of Philadelphia, was recently arrested upon a criminal charge, and that, after being kept in prison for more than three months, notwithstanding his repeated demands for a trial, his innocence was clearly and abundantly established on a trial by a jury of his fellow-citizens.

*Second,* That the Constitution of the United States, and that of Pennsylvania, guarantee to a person charged with crime the right to a speedy and impartial trial by a jury of his peers.

*Third,* That under the laws of this State any citizen may be imprisoned on a criminal charge for a long period, without having any opportunity of being heard in his own defence.

*Therefore*, this Society prays the Senate and House of Representatives of Pennsylvania, to enact such laws as shall hereafter secure to persons charged with crime an immediate opportunity to be heard, and to offer evidence in defence before said person can be committed for trial, to the end that citizens of this Commonwealth may not be deprived of their personal freedom without reasonable cause: and your petitioners will ever pray, &c.

After some discussion, it was moved that the whole subject lie on the table; but a motion to reconsider was carried, whereupon Dr. J. H. McClelland moved, and it was carried, that the subject presented in the proposed petition be referred to a committee of three, to report at the morning session to-morrow.

Reports from the Bureau of *Materia Medica* and Proving were then called for.

Dr. J. C. BURGHER, chairman of that Bureau, presented partial provings of *Phytolacca decandra* and carbolic acid by Dr. W. M. Williamson, of Philadelphia. A discussion on the papers presented then followed.

Dr O. B. GAUSE stated that in using *phytolacca* for a case of sore throat, the patient stated that the medicine had corrected a chronic constipation, and that this had been verified in other cases. He hence regarded *phytolacca* as one of the most important remedies for the constipated habit.

Dr. J. E. WOOD related his experience in the use of *phytolacca* in a case of ulceration of the lower limb, of long standing, in which, by continual application of the tincture, the ulcers were healed. Boils broke out in the neighborhood of the ulcerations, and subsequently disappeared, there being no further trouble with the case.

Dr. C. A. STEVENS had used *phytolacca* in ague, and Dr. Wood remarked that Dr. Mercer had had some experience in its use in syphilitic ulcerations.

Dr. HAESELER stated that he was glad to note that the symptoms of carbolic acid, brought out by Dr. Williamson, in his provings, corroborated the provings he had made about a year ago.

Dr. M. PRESTON had used *phytolacca* in rheumatic affections of the shoulder and arm. Also in syphilitic sore throat. In his experience the pains indicating *phytolacca* fly from one part, and go like an electric shock to another part; the pains being always worse at night.

Reports from the Bureau of Clinical Medicine and Zymoses were then in order.

Dr. W. C. DOANE related the case of a young girl who was very much reduced, and who had a great variety of symptoms indicative of the most complete prostration. He resolved to give arsenicum, regarding that remedy as eminently homœopathic to the case, and that it would prove curative if anything could. He gave the remedy first in a low potency, and then gradually ascended in the scale, and all without avail. Upon telling the patient that he was giving arsenic, she told him she had taken



a great deal of that drug in the form of Fowler's solution, under the prescription of an allopathic physician. The Doctor then thought that this might be a case of chronic arsenic poisoning, and he consequently gave China as an antidote, which resulted in a perfect recovery.

Dr. WILLIAMSON, from the Bureau of Clinical Medicine, presented a paper from Dr. L. H. Willard, of Alleghany City, being his experience in the use of *Melilotus officinalis*. Also, a paper prepared by himself, being some indications for the use of remedies, as exemplified in the experience of the late Dr. Walter Williamson, and of the writer.

Dr. WILLIAMSON referred to the use of *phytolacca* in sore throat, rheumatism, and in painful old varicose ulcers.

Dr. LOVEJOY related his experience in the use of *phytolacca* in pains running from the hip down the limb. Its efficacy in such cases is most marked.

Dr. WOOD stated that Dr. Doane, in his report of the case of arsenical poisoning, had omitted the best part of his report, viz., a letter from the patient to the Doctor, and hoped he would read the letter.

Dr. DOANE consented to read the letter as a testimonial to homœopathy.

Dr. JOHN E. JAMES related a synopsis of a very interesting clinical case occurring in his practice, a full report of which he had prepared, but deemed it too lengthy to be read.

Dr. W. C. DOANE gave an account of a case of purpura hemorrhagica, cured by a strict adherence to homœopathic treatment.

Dr. H. N. MARTIN gave an account of a case of cystitis in which he had prescribed *cantharis*, in the 200th potency, and a few days after had discovered upon the skin a number of vesicles similar to those produced by *cantharides*. Had used iodide of arsenic, as related by Dr. Williamson, in cases of tumors, which soon disappeared under the use of the 3d decimal trituration. The indications for the use of the remedy are similar to those indicative of *arsenicum*. He had recently prescribed it in a case of what he believed to be scirrhus tumor of the neck; the pains were greatly mitigated, and the patient thought the tumor disappearing. He had used *ruta* with good success in the treatment of sciatica. He had used *phytolacca* in a case of albuminuria, which had been given up to die by several allopathic physicians.

That it was a genuine case of Bright's disease, he had the evidence of Dr. Dacosta, an expert diagnostician of Philadelphia. Dr. Richard Gardiner had treated the case with varying success, and finally he (Dr. M.) took charge of it. She had chills at night, without special fever. Gave *kali carb.*, which relieved the chills. He gave *sulphur* several times during the progress of the case. Finally, regarding *phytolacca* as the remedy, he gave that remedy with marked good effect. The patient finally got well. During the progress of the case, the patient took on a form of insanity, which was cured by *Cimicifuga*.

Dr. M. FRIESE spoke of a case of epilepsy treated successfully with

Lachesis, the indication being that the patient would go to sleep, and then be seized with a spasm.

Dr. VON TAGEN related his experience in the treatment of chorea, complicated with chills.

A letter was read from Dr. W. J. Blakely, of Erie, being explanatory of his absence from the meeting.

Dr. H. N. MARTIN called the attention of the Society to and asked the members to study *indigo* in relation to epilepsy and ascarides.

Dr. WILLIAMSON called attention to the use of *erieodendron anfractuosum* of the West Indies in ascarides.

Dr. J. H. McCLELLAND had used *iodide of arsenic* in filthy ulcers of the leg. He had used it in low potencies, but found better results from high potencies. Had had marked success, particularly in one case.

Dr. H. N. GUERNSEY. There must be a time come when we must review all these remedies, and find in just what cases they are indicated. Let us not say that a medicine is useful for such or such a thing, and let it drop there; we must find out the specific indications. Had a case in which almost everything had been tried. He gave magnesia carb., the indication being that the child suffered more after taking a long walk. This led him to the remedy, and he found that all the symptoms of the child were under that remedy. He insisted upon it that we must find out positively *when* we should give these remedies, which we are justified in presenting empirically.

Dr. MARTIN said that he merely suggested the indigo as a study for the members. He had prescribed lycopodium in a case of ascarides, where the worms always made their appearance at 4 o'clock.

Dr. J. H. MARSDEN related a case of very severe headache in a young girl. She had been for a long time under allopathic treatment. It was while on a visit to Philadelphia that he first saw the attack. The appearance of the countenance was one of deep distress, it being a case of congestive headache. He prescribed for her several times without benefit. He subsequently ascertained that the patient had been much troubled with boils, and he prescribed *sulphur*, which relieved not only the boils, but the headache as well, and established her general health. This lady was one who led a somewhat sedentary life, and it occurred to him that possibly the cure had resulted from the throwing out upon the surface of the boils she had had. Don't think the lady has ever had a recurrence of the headache, but she has had boils again.

Dr. O. B. GAUSE offered the following preamble and resolutions, which were unanimously adopted.

*Whereas*, It has come to the knowledge of this Society that Thomas Hewitt, M.D., of Western Pennsylvania, has been found guilty of an attempt to procure an abortion, by a jury of his countrymen, and sentenced by the courts to the penitentiary for the term of three years; therefore,

*Resolved*, That this Society wishes to express its abhorrence of the crime

of abortion, and will not retain any person in membership who has been proven to be guilty of its committal.

*Resolved*, That the name of Thomas Hewitt, M.D., be dropped from the roll of membership, without the privilege of reinstalment.

The Society then adjourned to meet at 7½ o'clock to hear the annual address in the hall of the House of Representatives.

#### EVENING SESSION.

The Society assembled in the hall of the House of Representatives at 7½ o'clock, to listen to the annual address before the Society by W. C. Doane, M.D., of Williamsport. The hall was entirely filled with members of the Legislature, residents of Harrisburg, and members of the Society, and an able address on "The Medical Profession" was delivered by the orator of the evening.

The Society then adjourned to meet at 9 o'clock in the morning.

The Committee of Arrangements for the meeting of the American Institute of Homœopathy next June, in Philadelphia, in conjunction with the Committee of Conference from this Society, appointed at the morning session, held a meeting immediately after the adjournment of the Society.

#### SECOND DAY.

The Society was called to order at 9 o'clock by the President, Dr. M. COTE.

Dr. H. N. GUERNSEY moved, and it was carried, that the thanks of the Society are due and are hereby tendered to Dr. W. C. Doane, for his able and eloquent address of last evening, and that a copy of the same be requested for publication.

A number of bills for printing, &c., were presented by the Recording Secretary, and ordered to be paid.

Dr. A. R. THOMAS, of Philadelphia, was proposed for membership, and the censors reporting favorably, Dr. Thomas was unanimously elected.

Dr. WILLIAMSON called the attention of the members to the importance of associating themselves with the American Institute of Homœopathy, and was followed by Dr. Burgher in the same strain.

The committee appointed to consider the action necessary to be taken in the case of Dr. W. H. H. Neville submitted the following report:

The committee, to whom was referred the resolution and petition to the Legislature, suggested by the arrest and imprisonment of one of our fellow-members, upon a false criminal charge, would report:

That we have conferred with some of the leading members of the Legislature upon the subject, who are of opinion that while our present laws in relation to hearings and trials upon criminal charges may occasionally operate to the injury of law-abiding citizens, yet they afford all the protection consistent with the proper administration of justice, and the safety of society.

We suggest, therefore, that no further action be taken upon the pro-



posed memorial and petition, and we recommend the adoption of the accompanying resolution.

J. H. McCLELLAND,

P. DUDLEY,

B. W. JAMES,

Committee.

*Resolved*, That we heartily sympathize with our fellow-member, Dr. W. H. H. Neville, in his long and unmerited imprisonment, and congratulate him upon his complete vindication, and that we assure him of our continued and unabated confidence and esteem.

The report of the committee was accepted and the committee discharged.

The resolution submitted by the committee was unanimously adopted.

Dr. W. R. CHILDS reported from the Committee to confer with the Committee of Arrangements for the meeting of the American Institute, the report being very satisfactory in its nature. The report of the committee was accepted and the committee discharged.

THE PRESIDENT announced that the delegation to Washington, in conjunction with a similar delegation from the New York State Society, would consist of Drs. H. N. Guernsey, J. C. Burgher, and W. C. Doane.

Dr. B. W. JAMES offered the following resolution :

*Resolved*, That all Homœopathic physicians throughout the State be requested to send to the Recording Secretary of the State Society their names and addresses (post-office and county), with the college from which they graduated, and date of graduation, in order that a complete directory may be made.

The resolution was adopted.

The reports of the Bureau of Surgery were then called for.

Dr. J. H. McCLELLAND stated that he had several reports in his possession from members of the Bureau. For himself, he had not had time to entirely prepare his report, and would ask permission to complete and forward to the Committee of Publication. He then read the following papers :

Intra-capsular fracture of the femur, by W. R. Childs, M.D.; on a case of deformity of the cheek, by L. H. Willard, M.D.; on disease of the prostate, by C. P. Seip, M.D.

A paper, on a case of compound comminuted fracture of tibia and fibula, complicated with tetanus, abscess, &c., by Chas. H. Von Tagen, M.D., of Harrisburg, was read.

Dr. BUSHROD W. JAMES exhibited and explained the use of some new forms of eye instruments.

It was moved, and carried, that Dr. S. T. Charlton, of Harrisburg, be added to the Committee to visit Washington.

Dr. H. N. GUERNSEY asked permission to present his paper belonging to the Bureau of Clinical Medicine, which had not been read yesterday in consequence of his absence. The permission was granted, and the

paper, entitled "The Genius of our Remedies and the Genius of Disease," was read, accepted and referred to the Committee on Publication.

The papers of the Bureau of Surgery were referred to the Committee on Publication.

Dr. O. B. GAUSE, from the Committee to prepare suitable resolutions expressive of the feelings of the Society in regard of the death of its late President, Walter Williamson, M.D., of Philadelphia, reported the following preamble and resolutions, which were adopted by a rising vote.

*Whereas*, Through Divine dispensation, that Providence which doeth all things for the best, but whose ways are often inscrutable to human ken, there has been removed from our midst, by death, an honored associate, and once the President of this Society, Dr. Walter Williamson; therefore,

*Resolved*, That when we call to recollection his excellence as a man and citizen, his zeal, industry, and untiring fidelity as a physician, his arduous exertions in the interest of humanity, his cordiality and genial co-operation in the professional brotherhood, our hearts are bowed down with the great bereavement that has befallen us.

*Resolved*, That in his death the commonwealth has lost a valued citizen, the medical profession one of its most efficient representatives, Homœopathy an uncompromising exponent and advocate, this Society a courteous member and dignified presiding officer, as well as a judicious and trusted counsellor.

*Resolved*, That we tender our most heartfelt sympathy and condolence to the family in their hour of affliction at the loss of a husband and father, trusting that the great Physician who has called him from the scene of his earthly labors to the enjoyment of his everlasting reward will also bind up the broken heart, and pour the healing balm of consolation into the wounded spirit.

*Resolved*, That the Secretary be and is hereby instructed to enter these resolutions upon the records of the Society, to transmit a copy of the same to the family of the deceased, and to such of the homœopathic journals as he may deem fit.

O. B. GAUSE,  
C. H. HAESLER,  
JAS. B. WOOD,  
Committee.

The reports of the Bureau of Obstetrics and Diseases of Women and Children, were called for.

Dr. J. H. MARSDEN presented a paper giving an account of several difficult cases of obstetrics occurring in his practice. The report was accepted and referred to the Committee on Publication.

Dr. M. FRIESE presented the synopsis of a paper he had prepared on the subject of prolapsus uteri. By vote his paper was referred to the Committee on Publication.

Dr. J. H. McCLELLAND read by title a paper on non-use of the bandage in parturition, and non-use of the ligature for the fœtal cord. Paper was referred to Committee on Publication.

Dr. H. N. GUERNSEY gave his testimony in favor of non-ligation of the funis as being absolutely safe, and was followed in the same strain by Dr. C. H. Haeseler.

Dr. J. H. MARSDEN thought that the cotton batting used in dressing the cord acted as an hæmostatic agent.

Dr. W. H. COOK wished to know if the members had noticed any difference in the time of duration of labors in different parts of the State. In Cumberland County he rarely had a longer time to stay than two or three hours, while in Adams he usually had upwards of ten hours to remain. Cumberland is a limestone district, while Adams is not.

Dr. THOMAS MOORE referred to the opinions of authors in regard to the free supply of lime in food as a probable cause of tedious labors.

Dr. J. H. MARSDEN usually gave, prior to labor, *actea racemosa* to obviate the occurrence of tedious labors, and where pains did not come on, he gave ergot, not in large but in small doses, say five or six drops.

The Censors reported the name of John Bryan, M.D., Water Cure P. O., Beaver County, for active membership, and that of Martin Mayer Marix, M.D., of Denver, Colorado, as a corresponding member. The above-named gentlemen were thereupon elected.

The report of the Bureau of Homœopathic History, Statistics, &c., was called for.

Dr. W. M. WILLIAMSON stated that his father, who was chairman of that Bureau, had commenced and nearly completed the history and statistics of Homœopathy and Homœopathic physicians in Philadelphia and Delaware County, and that these papers were in the hands of Dr. R. J. McClatchey, who had promised to complete them. It was his father's desire to have the history of Homœopathy throughout our State. Dr. H. M. Smith, of New York, was in course of publishing these histories of Homœopathy in the various States; and he trusted the members of the Bureau would make an effort to complete the work.

Dr. J. C. BURGHER read a paper on the history and statistics of Homœopathy in Alleghany County in particular, and Western Pennsylvania in general. The paper was accepted and referred to the Committee on Publication.

Dr. E. LOVEJOY was proposed for honorary membership in the Society, and unanimously elected.

The case of Dr. Bechtel, of Harrisburg, was submitted to the Society by Dr. C. H. Von Tagen, and was referred to the Board of Censors, to be by them reported to the Secretary for action.

Dr. C. H. HÆSELER introduced and explained a new method of his own of preparing Homœopathic medicines, by means of the application of the poles of a battery. The Doctor's account of his experiments was very interesting.



A vote of thanks was tendered to the Legislature for the use of rooms in the Capitol; to the Pennsylvania Central Railroad for reduction of fare for members; to the *Harrisburg Telegraph* and the *State Journal* for the use of their columns for the publication of the proceedings of the session in full; and to the officers of the Society, and especially the Secretaries, for the faithful performance of the duties of their offices.

The Society then proceeded to the election of officers, with the following result:

President, J. H. Marsden, of York Sulphur Springs. First Vice-President, H. N. Guernsey, Philadelphia. Second Vice-President, S. F. Charlton, Harrisburg. Recording Secretary, Bushrod W. James, Philadelphia. Corresponding Secretary, Robert J. McClatchey, Philadelphia. Treasurer, O. B. Gause, Philadelphia. Board of Censors, W. H. Cook, Carlisle; J. F. Cooper, Alleghany City; Mahlon Preston, Norristown.

W. James Blakely, M.D., of Erie, was elected orator, and Thomas Moore, M.D., of Germantown, alternate.

The following were appointed delegates to the American Institute of Homœopathy: Drs. M. Friese, P. Dudley, R. Faulkner, C. A. Stevens, W. H. Cook, M. Preston, C. H. Haeseler, W. C. Doane, J. B. Wood, B. Bowman.

The President announced the following appointments as constituting the Bureaus of Scientific Subjects:

*Bureau of Materia Medica and Proving*s—Drs. W. J. Blakely, Erie; J. C. Burgher, Pittsburg; H. N. Martin, Philadelphia; H. N. Guernsey, Philadelphia; Thomas Moore, Germantown.

*Bureau of Clinical Medicine and Zymoses*—Drs. W. M. Williamson, Philadelphia; W. H. Cook, Carlisle; J. E. James, Philadelphia; Benjamin Bowman, Chambersburg; Mahlon Preston, Norristown.

*Bureau of Surgery*—Drs. Malcolm Macfarlan, Philadelphia; J. H. McClelland, Pittsburg; B. W. James, Philadelphia; J. J. Detwiler, Easton; A. R. Thomas, Philadelphia.

*Bureau of Obstetrics and Diseases of Women and Children*—Drs. Charles H. Haeseler, Pottsville; M. Friese, Harrisburg; J. H. Marsden, York Sulphur Springs; O. T. Huebener, Litiz; S. T. Charlton, Harrisburg.

*Bureau of History and Statistics of Homœopathy in Pennsylvania*—P. Dudley, Philadelphia; H. Detwiler, Easton; C. A. Stevens, Scranton; W. R. Childs, Pittsburg, and R. Faulkner, Erie.

The Secretaries asked for and obtained permission to complete the Bureau of Miscellaneous Subjects at some future time.

The Chair appointed Dr. W. R. Childs, of Pittsburg, the Necrologist of the Society.

The retiring President, Dr. Cote, and Dr. H. N. Guernsey, were appointed a committee to conduct the newly-elected President to the chair.

Dr. J. H. Marsden, President, on taking the chair, addressed the Society in appropriate terms.

The Secretaries and the retiring President were authorized to appoint such committees and delegates to other societies as were not yet provided for.

The minutes of the session were then read, whereupon the Society adjourned to meet in Harrisburg on the first Wednesday in February, 1872.

BUSHROD W. JAMES,  
Recording Secretary.

ROBERT J. MCCLATCHEY,  
Corresponding Secretary.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

ON the evening of March 9th, 1871, the regular monthly meeting of the Society was held in the College Building. Dr. A. H. Ashton was called to the chair, the Vice-President being absent.

The minutes of the meetings held in January and February were read and approved.

Dr. C. S. MIDDLETON, chairman of the Committee to prepare a petition to Congress for the establishment of a chair of Homœopathy in the proposed National University, submitted the following report:

### TO THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

LADIES AND GENTLEMEN: Your committee appointed at the January meeting, to prepare a memorial petition to Congress, in reference to the proposed National University about to be established at Washington, D. C., beg leave to make the following report:

The committee met at the earliest opportunity practicable. A petition and circular letter were prepared (a copy of each is herewith submitted), and from two to four petitions and a circular sent to every physician in the city and county of Philadelphia, so far as we could ascertain their locations, with the request that the petitions, when filled, be returned to us without delay. Although about one hundred and thirty-five physicians were thus reached, we received returns from thirty-three only, securing in all two thousand three hundred and two names. These were fastened together in the usual way and dispatched to Washington, to the care of Dr. T. S. Verdi, who is President of the Washington Homœopathic Medical Society.

Your committee believe they have completed the labor required of them, and they ask to be discharged.

C. S. MIDDLETON,  
P. DUDLEY,  
J. E. JAMES,  
    \ Committee.

On motion of Dr. W. M. WILLIAMSON, the report was accepted and the committee discharged.

HARRIET S. FRENCH, M.D., was proposed for membership by Dr. H. N. Martin, and unanimously elected under a suspension of the rules.

The proposition submitted at the February meeting of the Society, by Dr. Martin, on behalf of the Faculty of Hahnemann Medical College (action on which was then postponed), was taken up for consideration. The faculty proposed that the County Society should elect physicians and surgeons to give service to the hospital attached to the college during the six *summer* months, retaining the medical and surgical service during the six *winter* months for the appointees of the faculty.

After some discussion, which was taken part in by Drs. Martin, Williamson, B. W. James, Middleton, Brooks, Thomas, the Secretary, and others, Dr. Martin moved that the Society accept the proposition of the College Faculty, and proceed to the election of physicians and surgeons. The motion was lost.

The following nominations of officers were then made, to be voted for at the Annual Meeting in April: For *President*, Dr. Jacob Jeanes; *Vice-President*, Drs. O. B. Gause, W. M. Williamson, A. R. Thomas; *Treasurer*, Dr. A. H. Ashton; *Secretary*, Dr. R. J. McClatchey; *Scribe*, Dr. Bushrod W. James; *Censors*, Drs. M. M. Walker, S. S. Brooks, W. M. Williamson; *Committee on Proving*s, Drs. H. N. Guernsey, H. N. Martin, C. E. Toothaker, A. Korndorfer, W. B. Davis.

Dr. BUSHROD W. JAMES, Scribe, then made his usual monthly report, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

GOVERNMENTAL RECOGNITION OF HOMŒOPATHY.—Prof. Henry Noah Martin hands me the following editorial item, from the *Morning Post*, of this city, of March 9th, 1871:

"*Two Great Medical Schools.*—The President has recently appointed, and the Senate has confirmed, the following named persons to constitute the Board of Health for the District of Columbia: Dr. N. S. Lincoln, a distinguished allopathic surgeon; Dr. T. S. Verdi, a well-known homœopathic physician; Mr. Willard, proprietor of Willard's Hotel; John M. Langston, colored law professor at Howard University, and John Marbury, a native of Georgetown, and an enterprising and popular citizen.

"This is the first occasion in which a President of the United States has officially recognized the homœopathic school of medicine. It is a precedent which undoubtedly will be soon followed by public officers generally, for no matter which school may be superior, the fact is incontestable that each is supported by millions of intelligent people, and that each has the right to be represented in national hospitals, boards of health, and the army and navy."



**NOYE'S EYE SPECULUM.**—I show you here a very light instrument made of steel wire. The expanding blades or wires are much like an ordinary silver wire eye speculum, except that at the centre of the wire where each blade branches off is a long screw and nut; to this screw two small flat wires are fastened by a joint at their point of junction with this screw, then one is fastened by a joint to the upper blade about its middle, and the other is attached to the lower blade at its middle, and then by turning the screw the blades are expanded widely, dilating the eyelids when applied, and then by turning the screw out the blades contract, and the lids can be liberated again. It is a very fragile instrument, as you see.

**FLEXIBLE SELF-RETAINING CATHETER.**—Here is a new gum-elastic catheter, with two small projections near the extremity, that is to be introduced. These projections are soft, and become flattened when you introduce the catheter, and as soon as they get beyond the urethra into the bladder they expand, and thus retain this soft elastic tube in position. The softness of the material enables it to adapt itself to the form of the urethra, and the urine does not act on the material of which it is composed. The outer end has a rim around it, so that a plug or cork can be used to stop the flow of urine when you do not wish the urine to flow. A wire staff of proper form is used to put into the catheter for introduction. After it is introduced this is withdrawn.

**CATHETER FOR LOCAL APPLICATIONS TO THE URETHRA.**—This is an ordinary silver catheter, with a piston and rod, working like a syringe. The openings at the end of insertion are several in number, and are very small, no larger than pin-points. This is to avoid a large quantity of the fluid application to be made to the urethra, from being thrown out at once, as generally but a small quantity is needed, and if a large quantity of any caustic application should be thrown into the urethra, its whole track might become inflamed, or even the bladder.

#### SUBSCRIBERS TO THE FUND GIVEN BY THE PROFESSION TO DR. W. H. H. NEVILLE.

(The amounts are withheld at the request of Dr. Neville. They range from about \$5 to \$60.)

Drs. D. James, John R. Reading, W. Williamson, S. S. Brooks, Francis Sims, Samuel Brown, C. Hering, C. B. Knerr, Augustus Korn-doerfer, B. Berens, C. G. Raue, C. W. Gessler, J. J. Wright, H. N. Guernsey, E. A. Farrington, D. R. Posey, R. J. McClatchey, Bushrod W. James, John E. James, J. Frishmuth, G. E. Gramm, James Kitchen, H. N. Martin, E. H. Trego, Jacob Jeanes, John C. Morgan, Malcolm Macfarlan, J. R. Earhart, Thomas C. Williams, A. Koch, William Stiles, O. B. Gause, S. Griffith, H. W. Moore, F. E. Boericke, P. Dudley, M. P. Harley, C. Neidhard, S. Starr, L. G. Vinal, L. Stephens, C. S. Middleton, T. Hart Smith, P. S. Hitchens, C. J. Wiltbank, I. W. Heysinger, G. H. Newton, B. B. Gumpert, R. C. Smith, Thomas Con-

way, C. C. Cresson, R. Koch, R. Sargent, Benjamin Barr, Ad. Lippe, A. R. Thomas, A. H. Ashton, J. G. Howard, J. M. Weick, G. H. Kreeger, G. W. Parker, D. M. Tindall, W. Ashton Reed.

**NEW HÆMOSTATIC.**—The physician so often meets with cases of effusion of blood from wounds that any new styptic preparation is worth noticing:

“D<sup>r</sup>. Ehrle describes a simple preparation of cotton which he has found of great service in surgical operations followed by great effusion of blood. American cotton of the best quality is cleansed by boiling it for an hour in a weak solution of soda (about 4 per cent.), then repeatedly washed in cold water, and dried. By this process it will be perfectly disinfected and adapted to more ready absorption. After this it should be steeped once or twice, according to the degree of strength required, in liquid chloride of iron, diluted with one-third water, pressed and thoroughly dried in the air—*neither in the sun nor by the fire*—then lightly pulled out. The cotton so prepared will be of a yellowish-brown color. It must be kept very dry, as it is affected by the damp. Lint may be similarly treated, but the fine texture of the cotton renders it preferable. When placed on a fresh wound, it causes a moderate contraction of the tissue, and gradually coagulates the blood in and beyond the injured veins, thus closing the source of the effusion.

“This property of the chloride of iron is increased by the dryness of the cotton, and the extended surface offered for the development of the chemical action.”—*Boston Med. and Surg. Journal*.

**EXPLOSIVE MEDICINES.**—Many a loud explosion and an amusing fright have we given to those surrounding our chemical table, in times past, by rubbing the pestle around a mortar in which a mere trifle of the chlorate of potash and sulphur, or the chlorate of potash and tannin, were thrown together. Now it appears that for croup an allopathist recommends a powder of sublimed sulphur, chlorate of potash, and prepared charcoal, to be blown upon the false membrane in the throat in cases of diphtheria. Should a portion of this get between the teeth in a dry state, and the patient close the molars tightly upon it, he might have an unexpected detonation or “Fourth of July celebration” in his mouth.

**SOIL-POISONED VEGETABLES.**—It is ascertained that soil of gardens treated with superphosphate of lime in which arsenic or lead may become mixed through the acids or chemicals used in manufacturing this and other fertilizers, do not retain these deleterious substances, but yield them up to the plants growing in it, and thereby rendering such vegetables for culinary use highly dangerous articles of food. If arsenic and lead can thus be absorbed, so can other deleterious and rank substances. How far such agents go towards producing disease, or in counteracting our medicines, we cannot fully determine.

**CHLORAL.**—*Theory of its action.*—Pure chloral, in cases requiring sleep, seems to act kindly on many constitutions, but occasionally bad or in-

jurious effects are noticed, and this may be owing to an impure article. It is a subject, however, upon which I would like to draw out the views of the members of the Society. The following is claimed as its mode of action :

"Chloral is likely to result mischievously, as 'it is said to form a compound with the soda of the blood, thus diminishing its coagulability.' It is no new discovery that such a compound is formed, since the theory of the action produced is that the soda of the blood liberates chloroform from the hydrate of chloral, and insensibility is thus attained.

"It is possible that the continuous administration of the drug may, as asserted, produce decomposition of the blood and a diminished coagulability, so that in case of a wound or open bloodvessel, the hemorrhage would be very difficult to arrest; but it is rather singular that precisely the opposite action has been apprehended, and that its use has not been deemed desirable in cases of pneumonia and pulmonary inflammation, in consequence of its supposed tendency to produce excessive coagulation. In view of these conflicting opinions it seems probable that its effects are various in different individuals."

Dr. A. R. THOMAS exhibited a morbid specimen that had come into his hands, through a post-mortem examination. The case was as follows : A remarkably healthy boy had complained occasionally, during a period of several weeks, of more or less severe pain in the bowels, which had, however, always abated. He went to bed on one occasion, apparently quite well, and was suddenly seized in the night with alarming symptoms. Dr. Thomas was sent for, but the boy died in a few hours. A post-mortem revealed the following abnormal condition : The mesentery was found to be perforated, the hole being large enough to admit the passage of a large portion of the small intestines, which had passed through the opening, become strangulated, and finally gangrenous, resulting in death. This perforation of the mesentery was evidently congenital, the edges of the opening being rounded and smooth, and devoid of all evidences of laceration. The specimen exhibited by Dr. Thomas showed a portion of the mesentery, the perforation, and the strangulated and blackened bowels.

Dr. H. N. MARTIN was reminded of a case he had had within a few days. A child in which he suspected imperfect closure of the foramen ovale, had frequent violent crying spells, and became very blue on these occasions; but the parents thought but little of it. He was summoned with haste to attend this child, and on arriving at the house, found it in a dying condition, death taking place a few moments after his arrival. He learned that the child had been placed in bed, and was heard by the mother shortly afterwards to scream violently. Upon hastening to the child she found it very blue. It was then placed in a hot bath, and almost immediately had a discharge from the bowels, at first fecal, but followed by thick, glairy and tough mucus.

The Society then adjourned.



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HEART CLOTS

AS A CAUSE OF SUDDEN DEATH.

BY A. R. THOMAS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

EVERY physician is now and then appalled by the sudden death of patients under circumstances where such a result is not only unlooked for, but where he is greatly embarrassed in attempting to account for the catastrophe. Prominent among the causes of these unexpected deaths I have—from a somewhat extended observation—been led to place the formation of *fibrinous clots in the heart*. The size, density, and position of these bodies, so frequently found in cases of sudden death, being abundantly sufficient to so impede the action of the heart, by obstructing the orifices, interfering with the action of the valves, and thus so deranging the circulation through the lungs and brain, as to produce death.

The following examples will serve to illustrate the class of cases to which I refer:

CASE 1.—A lad, 11 years old, and very anæmic, went to school in the morning in his usual health: while there was taken with a chill. On his way home vomited freely. The chill lasted for a long time, and was accompanied

with an oppression in breathing, which gradually increased through the day and night, and until the time of my first visit at 11 o'clock A.M. the next day. I then found him extremely pallid, lips bloodless, perspiring freely, suffering from great restlessness and distress, with extreme dyspnœa; mind wandering, pulse irregular and feeble; action of the heart very tumultuous, the normal sounds being unrecognizable. In the neck noticed a rapid rolling pulsation of the jugulars, which presented two beats to one of the artery at the wrist.

At my second visit, made at 4 o'clock P.M., the patient had just expired.

The autopsy, made twenty hours after death, gave the following results: Upon opening the abdomen found the liver presenting a dark mottled appearance, and highly congested; other abdominal organs natural; pericardium contained about one ounce of serum. Upon opening the right auricle of the heart, found a firm fibrinous mass, extending downwards through the ventricular opening, and which, upon the latter cavity being opened, was found firmly attached to the tricuspid valves, and entangled with the fleshy columns and tendinous cords.

The presence of such a body in this position, and with such attachments, it was evident, must have so interfered with the passage of the blood from the auricle to the ventricle, as, upon the contraction of the former cavity, to have caused a backward pressure into the veins, and thus have produced the *first* of the double pulsations of the jugulars.

Again, the position of this clot, preventing the closure of the valves upon the contraction of the ventricle, there would have been a regurgitation into the auricle, and the same backward flow into the veins, thus producing the *second* pulsation of the jugulars seen during life.

CASE 2.—A lady, 28 or 30 years old, also very anæmic, and three months pregnant, had been suffering occasional fainting spells. For some days before her decease she had

suffered from dyspnoea, and on that day, after ascending a flight of stairs, fell upon the floor, and before a physician could be obtained breathed her last. A post mortem showed all the thoracic and abdominal viscera in a healthy condition, while the right side of the heart contained a large fibrinous clot, with attachments similar to those found in Case 1.

CASE 3.—A boy, 3 years old, had an attack of diphtheria. The case presented no unfavorable symptoms until about the fourth day, when he was taken with great restlessness and oppression in breathing, and while sitting on the chamber at stool, suddenly died. The autopsy here again revealed the heart clot, as in the other cases.

CASE 4.—A man, 30 years of age, a furrier by trade, was suffering from tubercular disease of the lungs. He had never given up his work, though he was much reduced in flesh, had a bad cough, diarrhoea, and night sweats. While at his employment, he was one day taken with great oppression, increased cough, &c., and in twenty-four hours expired.

The post mortem showed that, while the upper portions of both lungs contained large deposits of tubercles, there were no abscesses, and the lower portions presented sufficient sound lung tissue to have maintained life. Upon opening the heart the usual fibrinous clot was found in the right ventricle, extending upwards into the auricle.

CASE 5.—A strong colored man, of 25 years, had an attack of inflammatory rheumatism. The disease presented the usual characters, the inflammation wandering from joint to joint. During the second week he was suddenly attacked with great difficulty in breathing, violent and irregular action of the heart, and great distress, followed by rapid prostration and death. The post-mortem examination revealed thickened tricuspid valves, with a firm clot of large size adhering to the same.

CASE 6.—A gentleman, 55 years old, who had been for some time in feeble health, was taken, upon rising in the



morning, with oppression and distress in the region of the heart, dying in twelve hours. The heart clot was found here, as in the other cases, upon the right side of the heart.

CASE 7.—A gentleman, of about 50 years, a physician, was found one morning dead in his bed. His health had been previously good, excepting that he was troubled with neuralgia which gave him sleepless nights, and for which he sometimes took morphia. On the night previous to his death he came home and retired at a late hour. An open bottle of morphia and small spatula were found on his desk next morning, the spatula showing evidence of having been thrust deeply into the morphia, and probably a large and over-dose carelessly removed and taken. The autopsy here again revealed a large and firm fibrinous heart clot.

CASE 8.—A lady of about 60 years, had an attack of acute gastritis, but was considered convalescing, and her physician (Dr. Martin) made his last visit in the evening. The next morning she was found dead in her bed. The post mortem showed the spleen somewhat enlarged, and its capsule greatly thickened.\* Other organs healthy, while the heart contained an unusually large fibrinous clot, which has been preserved in the College Museum.†

The above include the more marked cases of death that have come under my notice, where that result could, in my mind, be fairly attributed to the formation of fibrinous clots in the heart. Many other diseases, as we shall see further on, I believe to be occasionally brought to a suddenly fatal termination by the same cause.

#### CHARACTER OF THE CLOT.

“*Fibrinous heart clots*,” “*polypus of the heart*,” or “*fatty deposits*,” as they are sometimes called, differ from ordinary clots of blood in the absence of the blood corpuscles, and hence presenting the buff color characteristic of the

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\* No. 1470 College Museum.

† No. 1344 College Museum.

coagulated fibrin of the blood. Ordinary blood clots, with the corpuscles entangled with the fibrin, and hence presenting the red color of blood, are usually found in the cavities of the heart and large bloodvessels after death, but in greater quantity upon the right side.

*Color.*—The shade of color presented by the fibrinous clot varies in different cases. While *buff* is the prevailing color, the shade varies from a light drab to a decided yellow.

*Consistency.*—In this respect a good deal of variation is also found; the difference depending, probably, in part upon the character of the disease, and part upon the rapidity or slowness of the formation; those of a rapid or very recent formation, having a soft, fatty, or jelly-like character;\* while, on the other hand, those of a more gradual formation, and with more sthenic forms of disease, acquire a considerable degree of density, the surface presenting a smooth appearance, as if acted upon by a current of blood, and in all respects resembling the dense fibrinous masses, found blocking up the cavities of aneurismal tumors.

*Position.*—In every case above reported the clot has been on the *right* side of the heart, although in some, a small soft one has been found on the *left*. I am not sure that I have ever found one of these clots on the left side of the heart, of such a size and consistency, or under such circumstances, as to have led me to suppose that it might have been a cause of death.

The body of the clot is usually found in the ventricle, extending from this, either up into the pulmonary artery, or through the opening into the auricle. In all cases the clot has been more or less entangled with the tendinous cords of the valves and muscular columns of the heart, requiring in some instances considerable force to tear it away from its attachments.

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\* In one case, the clot presented a marked resemblance to the abdominal fat of the goose, both in color and consistency.

*Time of formation.*—An important question to be decided, in regard to these heart clots, is the time of their formation. Are they *ante* or *post mortem* in their origin? And upon the solution of this query depends the conclusion as to whether they are the *cause* or the *result* of death in the cases where found. That a fibrinous clot may sometimes be formed in the coagulation of the blood *outside* of the body, is a fact well known; as in the blood drawn from patients suffering from acute inflammatory affections, where, from the retarding of the coagulation, the blood corpuscles, from their greater specific gravity, have time to fall towards the bottom of the vessel, thus giving the “buffy coat” to the upper portion of the clot. The same cause—retarded coagulation—unquestionably may give rise to a clot *in the heart* after death, presenting the same character, viz., with the upper portion of the buff fibrinous character, while the lower portion, from the presence of corpuscles, will present the appearance of an ordinary blood clot. Such clots are not unfrequently found after death.

But have we any evidence that the fibrin of the blood may be deposited, forming clots within the vessels during life? In proof of this, we have only to refer to the result of the application of a ligature to an artery; where the interval between the point of application and the first vessel coming off above, will be filled with a fibrinous clot, which performs an important part in the closing up of the vessel; or to the well-known deposits of fibrinous layers within aneurismal tumors, sufficient in many cases to so fill up the sac as to result in a cure; therefore, the favoring conditions being present, it is not unreasonable to claim that fibrinous clots *may* form within the heart, of such size and in such positions as to be an immediate cause of death.

*Causes.*—In looking for the causes, or conditions promoting the formation of these fibrinous deposits, we have to consider, first, variations in the character of the blood



itself; and, secondly, peculiarities in its circulation, and in the circulatory apparatus. Fibrin, one of the normal constituents of the blood, is estimated by physiologists as forming from 2 to 3 parts in 1000, while it may fall as low as 1, or rise to  $7\frac{1}{2}$  parts. We find it reduced to the minimum quantity in all diseases which present a hemorrhagic tendency, as in true typhus, yellow fever, certain malignant forms of disease, and as the effect of many poisons, both animal and vegetable. In these cases, the loss of fibrin results in the effusion of blood into the tissues, producing petechial spots, or upon the mucous surfaces, giving rise to epistaxis, black vomit, hæmaturia, &c., while very feeble, if any coagulation of the blood will be found after death.\*

In scurvy, however, where we have a condition of the blood not unlike that above referred to, there appears to be a marked tendency to the formation of clots, as has been noticed by many observers, and as has been verified by Dr. J. C. Morgan, in several cases which came under his notice while in the army.

But it is in cases where there is at least a *relative increase* of fibrin, that heart clots are more liable to form. Such a condition we find in cases where, while the fibrin remains normal in quantity, the water of the blood, the menstruum in which the fibrin is held in solution, is below the normal standard, this reduction favoring the tendency to deposit. Thus in all cases where there has been an exhausting and rapid flux from the bowels, as in cholera, or excessive purging from drastic cathartics, or from the colliquative sweating of phthisis, we have the favoring condition, and death may be the immediate result of a fibrinous clot in the heart.

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\* A lady, 38 years of age, had malignant (cancerous) disease of liver, that gland increasing to 20 lbs weight, from the first appearance of the disease at Christmas to the 1st of March, when she died. In the latter stages of the disease, petechial spots appeared in the skin, while epistaxis and black vomiting were of daily occurrence. The post mortem showed an entire absence of any clots in the heart or large vessels.

The *most* favorable condition, however, for the formation of heart clots is undoubtedly that in which there is an *absolute* increase of fibrin, and this we find in a large number of diseases marked by acute inflammatory symptoms; as in pleurisy, pneumonia, diphtheria, croup, acute rheumatism, erysipelas, puerperal fever, &c. In a large number of deaths from these diseases, a post-mortem examination would undoubtedly bring to light a heart clot, which has at least served to hasten, if it has not been the immediate cause of the fatal termination.

Again, the formation of heart clots is evidently promoted by any circumstances or conditions, resulting in great feebleness or languor of the circulation, independent of variations in the amount of fibrin. A complete stasis of the blood is certain to be followed by coagulation, as in employment of pressure in the treatment of aneurism; so in cases of great prostration of the powers of life, attended with extreme feebleness of the circulation, as 1st. In cases of shock, where life is not immediately destroyed; 2d. In certain cases of poisoning, as by opium, where the action of the heart is greatly depressed; and 3d. In syncope, either with or without loss of blood. In all of these cases the danger of the formation of the heart clot is very great, and probably in a large number this is the immediate cause of death.

It is a fact well established, that loss of blood, either by hemorrhages or venesection, is followed by an increased coagulability of that fluid; hence, the fearful hemorrhages which sometimes attend parturition, if accompanied with syncope, are in great danger of being followed by the formation of the heart clot, and thus ending in death.\*

Another circumstance tending to prove the formation of fibrinous clots in the heart is evidently to be found in the peculiar formation of the valves guarding the auriculo-ventricular openings. It is well known how fibrin

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\* Meigs's Treatise on Obstetrics, p. 308.

may be collected from fresh blood, by beating the same with a bundle of twigs, the latter soon becoming coated with shreds of fibrin; so the *chordæ tendineæ* and fleshy columns of the heart, between which the blood is continually being driven, affords convenient points for collecting the same from the feebly circulating or over-charged blood; and from the close intermingling of the tendinous cords, with the substance of the clot, it is probably upon these that the deposit first begins to form.

In answer to the fact that fibrinous clots are almost universally found on the *right* or *venous* side of the heart, notwithstanding that arterial blood is richer in fibrin than venous, the following has been suggested to my mind: *First*. While venous blood contains a smaller proportion of fibrin, may not its deoxydized condition favor the more ready deposit of this substance, than by the more highly vitalized arterial blood? *Second*. The feebler muscular power of the right side of the heart would necessarily be attended with a slower circulation through its cavities, the partial stasis of the blood giving another condition favorable for the formation of a clot; and *Third*. The valves of the right side of the heart, present three flaps or folds, instead of two as on the left, and hence, with their numerous tendinous cords, offer an increased number of obstructing points, around which the deposit may be made. These several circumstances would seem sufficient to account for the admitted fact.

*Symptoms*.—The symptoms attending the formation of fibrinous clots in the heart are usually sudden in their accession, frequently attended with a chill, and marked by great oppression in breathing, coldness of surface, and *pallor of face and lips*; the latter symptom distinguishing from the dyspnœa attending croup, asthma, pneumonia, &c., when the face is *livid* from venous congestion. The pulse is usually rapid and feeble; the action of the heart labored, palpitating, and sometimes intermitting, while



auscultation will reveal a tumultuous churning-like action, the normal sounds being quite undistinguishable.

Pulsation of the jugulars will be present in most cases, and where the clot greatly obstructs the play of the tricuspid valves, a double pulsation as in Case 1, will be likely to be noticed. In the last stage, a copious cold perspiration appears upon the whole surface of the body.

As might be anticipated, fibrinous formations, while of small size, are sometimes washed away from their attachments and swept on with the current of blood into the arteries and carried to distant parts of the body, as is sometimes the case also in aneurism,\* thus producing the embolic masses often found blocking up arteries in different parts of the body. When upon the right side, the embolus would be carried into the pulmonary artery, obstructing the circulation through the lungs, and producing symptoms more or less grave, according to the size of the clot. Upon the left side of the heart, from the greater force of the circulation, these bodies are probably more frequently swept away from their attachments and carried into the aorta, and thus on, perhaps, through the carotids to the head, or into the subclavian, or down the aorta, finally lodging in some of the branches of the lower extremities. Convulsions, paralysis, &c., are not unfrequently produced by the lodgment of emboli in some of the arteries of the brain, while, when carried into the arteries of the extremities, pain, falling of temperature, impairment of sensation, contraction of muscles, atrophy, and even gangrene may result.

In conclusion, I have only to observe, that the following inferences may be fairly deduced from the several cases reported.

*First.* In some instances the fibrinous clots are the *sole cause* of death. (Cases 1, 2, and 3.)

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\* See article on spontaneous cure of aneurism, with cases, by A. R. Thomas, M.D., in *Transactions of Hom. Med. Society of State of New York*, vol. 6, page 170.

*Second.* In other, and a larger number of diseases, as in acute rheumatism, pneumonia, croup, &c., which otherwise would recover, a fatal termination results from the formation of heart clots. (Cases 3 and 5.)

*Third.* In still other diseases, which are of themselves necessarily fatal, as in phthisis, cholera, &c., death is often hastened by these formations. (Case 4.)

Finally, while a knowledge of this subject may do but little towards lessening mortality, yet it will enable us to be much more accurate in our diagnosis and prognosis, which circumstances will not only give increased confidence to the friends of our patient, but greater satisfaction to ourselves.

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## INTERMITTENT FEVER.

BY COATES PRESTON, M.D.

(Read before the Homœopathic Medical Society of Chester and Delaware Counties,  
April 10th, 1871.)

MANY writers on this subject have attempted to explain the causes of the peculiar stages and phenomena presented in patients afflicted with fever and ague, with what success I leave each one to judge for himself. To my mind, the theories given are so very vague and unsatisfactory, that I shall not attempt to repeat or add to them what I am sure would give but little additional light on this branch of the subject; but in the present paper shall confine myself to the more practical, *i. e.*, the cause and cure of this disease.

There is no other disease which comes so generally under the notice of homœopathic physicians which gives so much trouble to both doctor and patient as the one in question, and in malarious districts no other which is fraught with so much importance to the homœopathic physician; for as most other diseases, which are at all curable, are comparatively easily managed by our remedies, the dispenser of the little powders rapidly gains

prestige and popularity by his wonderful cures of both acute and chronic diseases, and of cases given over as hopeless by the dominant faculty. But to the homœopathic physician who is so unfortunate as to locate in a district where at certain seasons of the year the air is freighted with miasmatic poison, the true source of intermittent fever, a sudden check is given to his almost unexceptioned success in his long catalogue of rapid cures, and he is brought to a stand upon a case or more of fever and ague, perhaps of only moderate severity. Most gladly would he skip the last summer month, and perhaps the two following, and land safely upon the same spot which is redeemed and purified by the bracing winds and disinfecting frosts of November, but the month of August is upon him, and his responsibilities stare him in the face. The latent poison which now becomes his tormentor, only awaits a favorable opportunity to escape, which is always given by the receding of the stagnant waters, which during the early summer months serve to hold in solution or cover up the decaying vegetation which is the prolific source of malaria when acted upon by the sun. Water in abundance is known to be the great safeguard against intermittent fever, mainly for the reason that it envelops the vegetable matter, and prevents the sun from acting upon it; and if we could keep our ponds and marshes covered with water during the months of August, September, and a portion of October, we would be but slightly troubled with malarious diseases. The water-covered surfaces are not, however, the only cause of this peculiar miasm. It often exists in flat districts where there is neither ponds nor marshes, and this is owing to the subsoil being of a peculiar kind of clay, which is almost impervious to water, and the heavy rains which fall during the spring and summer months are not permitted to escape through this substrata, but must be evaporated; which keeps the decomposing vegetation on the surface of the ground in a constant state of moisture, which, when acted



upon by the intense heat of the sun, sends forth its poison; and in such districts it will be found that malarious fevers commence earlier than when they are the result of water-covered surfaces, for the reason that ponds and marshes are generally filled with water until near the first of August; and it may also be true of those localities, when we have much fever and ague, that it is not the result of ponds and marshes, that much rain rather tends to increase the disease, while in the marshy districts it diminishes it. It is a great mistake to suppose that the ravines along our water-courses and our low flat districts are the only localities where this disease prevails. The same conditions of soil not infrequently exist to produce the malaria in undulating and hilly districts, and we not infrequently find our most obstinate cases among the hills of Delaware County.

But it matters not so much to the physician what conditions of soil and climate are necessary to the production of this disease, as how it may be effectually and thoroughly cured.

Why should this be an exception to all other diseases; a stumbling-block to most homœopathic physicians? Much of the want of success and reproach to our cause, in the treatment of this disease, grows of a disposition to arrive at some shorter and easier way of curing the malady than by the law of *similia*.

If the time was spent in selecting carefully the characteristic symptoms in each case, and noting the distinguishing difference in the case under treatment from others, and then searching carefully among our provings for the corresponding remedy, instead of looking after specifics which are supposed to cure all cases, the time would soon come when intermittent fever would no longer set at defiance our highly potentized remedies, and instead of losing credit to the cause of homœopathy by our unsuccessful treatment of this disease, we would bring around us hundreds of patients from the ranks of the old school,

where they at best seldom get more than temporary relief, and not unfrequently come from their hands with the disease so thoroughly stereotyped by the use of massive doses of quinine, that nothing short of a thorough and persistent homœopathic treatment can restore them to health.

There are few who know better than myself the great difficulties we labor under in the treatment of intermittent; for the general impression prevails in most districts where this disease is epidemic that chills are a kind of *reptile* which only need to have their *backs broken*, and the work is accomplished; and if the favorite homœopathic doctor is unable to strike the effectual blow in a few days, some one else must be found who can strike with greater precision, and it matters not whether it be the ignorant, yet highly respectable, Aunt Betsy over the way, or the celebrated Charles Osgood, M.D., with his *Indian Cologus*, *alias* Quinine, Molasses, and Wintergreen. And any one who is severely afflicted with this tormenting and depressing disease will not unfrequently be glad to have the chills broken, even at the expense of fearing their return at the end of the seventh, fourteenth, or twenty-first day, for a single day's respite to the quotidian nature is a boon not to be lightly prized; but to the intelligent mind no temporary respite should be a pretext for prolonging disease to an indefinite period, and perhaps impressing it indelibly upon the organism. Then it becomes our duty not only to adhere strictly to our law of cure in this as in all other diseases, but to enlighten the minds of our patients as to the danger of giving temporary relief at the expense of injuring the health, it may be permanently; for enlargement and induration of the liver and spleen are not unfrequently the result of suppressing the paroxysms in intermittent fever, and with the most careful and persistent homœopathic treatment we are sometimes unable to restore these organs to a normal condition, and if the life of the patient is not greatly shortened it is at least rendered miserably tormenting.

But why are we so often unsuccessful in treating ague when at times we can cure it almost as if by magic? This fact is the most convincing evidence that the disease is not beyond the reach of our attenuated doses, and settles the question most conclusively that all cases which are at all curable must come within the province of homœopathy; and there can be nothing truer than that our want of success is alone the result of our neglect to study carefully our cases, and such provings of remedies as we have at our command.

But the fault does not rest alone with the practitioner. Much must be attributed to the false teaching we have received in the colleges, and to book writers who have established false impressions in the minds of students by placing under the head of intermittent fever a very few remedies which are supposed to be the great restorers in this disease, the most prominent of which are China, Ars., Nux vom., Nat. mur., Eupator., Capsic., and Puls., and of later years perhaps Gels. and Apis. Now so much reliance has been placed upon a very few stereotyped remedies, that every student who has taken these old books for his guide, expects to cure his cases with some one of the remedies given, because wiser men than he have placed them under this head.

I once thought that if I could not cure my cases with Ars., Chin., Nat. mur., Nux vom., and Ipec., there was little use in trying further in the direction of homœopathy. I now find that neither of these remedies occupy a very high position as curatives in ague; at least not higher than fifty others which may be selected from the *Materia Medica*. Within the last six years I do not remember of having cured a single case with Ars., although I have given it repeatedly; Nux vom. has cured a very few cases, and Ipec. 1000th two or three; Nat. mur. perhaps more than either of the others, and none at all have I cured with China, and with Gels. a single case was supposed to be cured in my hands; and here I wish to



say that I believe there are very few remedies in the catalogue which are less frequently indicated in intermittent fever than Gels. It seems to have very little if any relation to fever and ague. In remittent fever, with congestive headache and photophobia, it is an excellent remedy.

I have had occasion to regret that this remedy was ever recommended to me as curative in intermittent, for I have wasted many precious hours in its use, to the great disadvantage of my patients and to my own discredit.

But how are we to establish a confidence of success in curing this disease, which shall correspond with our general efficiency in practice. Simply by laying aside those familiar old books, and isolating every case as though it were separate and distinct from every other case. We are not to think of *Ars.*, *Nux vom.*, *China*, or *Nat. mur.*, simply because we have a case of chills; as well think of *Lycop.*, *Lach.*, *Sepia*, or *Sulph.*, and much better so far as my late experience goes, but do not prescribe one of these in the next case you are called to simply because I or any other physician has recommended them; but if the remedy is not clearly defined in your mind, you will save time by giving a few blank powders until you return to your office, and when there be very careful not to look into *Hartman*, *Laurie*, *Marcy* and *Hunt*, or any other of those conservative and contracted works which have too long closed our eyes to our best interests and that of our patients, but take down a good repertory (*Bönninghausen's* will do) and the *Materia Medica*, and search for the symptoms which you have noted carefully at the bedside, and when you have found one which is strongly characteristic in the case under a remedy, you will most likely find many others which are strongly marked under the same; if so, you may rest assured you have the right medicine, and it may be given in the 200th or 1000th potency with the most happy results.

Some time since I had a case of intermittent which had been treated homœopathically and otherwise for many

weeks without success, and in searching the Symptomen-Codex for a remedy I found a foot-note by Hahnemann under Ignatia, thus: "Chill relieved by external heat."

I have got it! I exclaimed, for in the case I was treating the chill was not only relieved by external heat, but if the heat was very great it would almost prevent the chill, and greatly shorten the paroxysm. This was, indeed, the *key-note*, for looking further under the remedy I found many other symptoms corresponding to the case. Ignat. 200 and then 1000 was given, and the chills grew gradually lighter, and in a few days disappeared entirely. In this case they, however, returned in twenty-one days, which might be expected, as the patient had taken considerable quinine; but they were again put to flight in three days with Ignat. 200, and have not since returned. This is the only case I can call to mind in which the chills have returned at the critical period when a cure was effected with a high potency, under my treatment.

Two years since, I had a very obstinate case which put at defiance all the remedies given for nearly three weeks, when, becoming anxious in the case, I resolved to search the Materia Medica from A to Z rather than continue longer at random. The peculiar symptom in this case was, coldness of the hands with deadness of the fingers. Under Sepia I found this symptom described almost in the exact language that (she) the patient gave it to me. I did not even take the trouble to look further, but at once prescribed Sepia 200th. She had one light chill on the following day, which was the last. It is now more than two years since, and there has not only been no return of the chills, but the lady has had uninterrupted health, which she had not had for several years previous. Ipec., Lycop., Sulph., and Lach. have performed like cures in my hands, in the 200th and 1000th potencies.

Now I believe the first thing of importance to our success in the treatment of this disease, is to lay aside those old books which have too long disappointed our most san-

guine expectations, and listen not to the *siren* voice that comes from over the wave, or from the south, east, or west, telling of the wonderful and unexceptional cures performed with a single remedy, for it is always a *tocsin* sent out which will blight our hopes and lead us from the only infallible law of cure, "*Similia similibus curantur.*"

With a good Repertory, and the best provings of our remedies we can command, are we to combat every curable disease, and we may rest assured that intermittent fever is no exception in the aggregate of all diseases we may have to treat; but that it requires more study, and a better knowledge of the pathogeneses of our remedies than many of us possess, and perhaps more than in most other diseases, is evident from the fact that, in this malady we have almost an infinite variety of symptoms and variations in the condition of the patient at different periods of the day, which renders it almost impossible to collect carefully the totality of symptoms as they occur consecutively; but this inconvenience will be more than remedied by turning our attention to a thorough search for a single symptom which is peculiar and characteristic in the case, which when once found the proper remedy is comparatively easily selected.

In the early part of last summer, I had a case which I had been treating for ten days without success, when it occurred to me that the paroxysm commenced about 4 P.M. and terminated at 8 P.M. This you well know is *Lycop.* as to the period of aggravation, and here the key was struck; for I immediately found, on looking further, the patient had other prominent symptoms for this remedy, such as fulness of the stomach after eating ever so little, with feelings of satiety and distension of the bowels, with much rumbling. Two or three doses of *Lycop* 200th were given, and the patient was well in as many days.

The period of the recurrence of the paroxysm is often an important feature in selecting the curative remedy, but must not be relied upon without other characteristic



symptoms. If the chill commences at 10 A.M., we should think of Nat. mur., and in very many cases we will find we are right; if at 4 P.M., Lycop.; from 7 to 8 A.M., Eup. perf.; 12 to 2 P.M., Lach.; and later in the afternoon or evening, Puls., Ign., &c. And again we have another standpoint from which to start in the proper direction of successful search, which is probably of more importance than almost any other feature of the case. I refer to the especial organ of the body that seems to be most affected, and the manner in which it is affected during the paroxysm. If it be the stomach, we may be sure that this is the organ most susceptible to disease, for fever and ague is by no means an honorable *enemy*; it always attacks the weakest point of the fortress, and never battles with the strong and invulnerable. It is just as likely to attack you or torment you in the foot as anywhere else, if it happens to be a lame foot, or if you have a rheumatic shoulder or arm this is precisely where the pain will be during the chill or fever, or both. It is, so to speak, a kind of rejuvenation of all the old chronic troubles its victims ever possessed. If it delights most to prey upon the liver and spleen, it is only because these organs are in a less healthy condition than the others.

Some time since I had a case, in the person of a young lady of 18, who had been having some pulmonary trouble, with hoarse cough and sore throat; the violence of the chill caused intense pain in the lungs, she requiring to be held firmly during the chill to prevent the pain. A single dose of Lach. 200th cured the case, after trying many other remedies for several weeks. The Lach. was given entirely on account of the throat and chest symptoms.

Now, if some old rheumatic ailment is aroused by the paroxysms, it will frequently be found that the remedy which corresponds to the rheumatism will effectually cure the chills; or if diarrhœa sets in as an attendant of the case, then the remedy which is truly indicated in the diarrhœa will not unfrequently cure the chills also; and in

like manner may we be governed by any other organic ailment, which is aroused by this disease to a greater or less extent, in our selection of the remedy.

The key-note or characteristic symptom, the period of the day at which the paroxysms recur, and the organic ailments aroused by this disease, are the three great landmarks which are to guide us in every case, and with them constantly before us, there can be no sufficient reason assigned why we should not, with proper study and highly potentized remedies, effectually restore to health all curable cases of intermittent fever.

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### A CASE OF MALFORMED PELVIS.

BY WALLACE McGEORGE, M.D.

(Read before the West Jersey Hom. Med. Society, Feb. 15th, 1871.)

AT 5 A.M. on Sunday morning, January 29th, 1871, in the midst of a heavy snow storm, I was summoned by my partner, Dr. Daniel R. Gardiner, to assist him in a case, of which the following description will give the particulars.

The patient, Mrs. Alice Brannan, an Irish woman, not quite 27 years old, was in labor for the fifth time, labor pains having set in at 3 A.M.. Her history, ascertained from herself, the date and particulars of her previous confinements being kindly furnished me by Dr. Gardiner, is as follows:

Born in Ireland in 1844, she came to this country in 1860, and worked out as a servant until she married, in April, 1865. She became pregnant at once, and in January or February, 1866, she was attended in labor by an allopathic physician for forty-eight hours, who, becoming discouraged, sent his father to finish up the case. After being twenty-four hours longer in labor, she was delivered, with instruments, of a stillborn child, but she was so much injured during her labor that she was compelled to keep her bed for weeks. A little over a year afterward,

on February 21st, 1867, Dr. Gardiner attended her in her *second* parturition, and after waiting twenty-four hours, performed craniotomy.

In her *third* labor, which took place May 11th, 1868, Dr. Gardiner again attended her, assisted this time by Dr. J. C. Morgan, of Philadelphia, and delivered her of a stillborn child, with one blade of the forceps, by placing the blade over the head and under the pubis, and forcing the head under the arch.

June 20th, 1869, assisted again by Dr. Morgan, Dr. Gardiner attended her in her *fourth* confinement and with the aid of a vectis, curved to suit her pelvis, delivered her of a living child, a boy, who is still alive. The child was of a medium size, and born after his mother had been in labor for thirty-six hours.

On Sunday, January 29th, 1871, we were summoned to attend her with her fifth child, having been engaged to attend her for Christmas, five weeks before, when her nine months would have expired. But this was nothing unusual in her case, as Dr. Gardiner informs me she carried her other children for ten months.

At 3 A.M. the pains set in, and at 5 30 A.M., upon a vaginal examination, the soft parts were found moist and dilatable, and the head presenting. Upon this examination, I discovered there was a malformation in the pelvis, corresponding to the condition previously described to me by Dr. Gardiner. *The sacrum was considerably out of the median line, inclining forward and to the right side, and very prominent*, so that when the child's head came down, instead of going into the pelvis, it would strike the sacrum, and be thrown over on the pubis. The antero-posterior diameter being much less than normal, offered grave obstruction to the passage of the head under the arch. Another feature of the case was, that owing to the sacrum being inclined so much towards the right side, the child's head would be forced over, during the labor, into the left side of the pelvis.



At 6 A.M. the os being sufficiently dilated, the vectis spoken of above, curved to suit the condition of her pelvis, was introduced, held in position—over the vertex and under the pubis—and pressure applied, downwards and outwards, during the pain, for two hours, by Dr. Daniel R. Gardiner, the writer, and Dr. Richard Gardiner, Jr. At this time the ordinary vectis was applied by me, but slipping off when pressure was applied, was discarded, and recourse again had to the one first introduced. By this prolonged pressure, in connection with the expulsive efforts of the uterus, the head was forced over to the left side of the pelvis, but could not be forced under the arch, and no further progress was observed.

At 8 A.M., after again exploring the pelvis and its contents, the curved vectis was again applied, and steadied by Dr. D. R. Gardiner, traction was made by him, the writer, and Dr. Richard Gardiner, Jr., collectively; all three pressing downwards and pulling outwards *with the pains*, and holding fast what was gained, but not pulling during the intervals.

At 8.30 A.M., another thorough examination was made. The woman's strength began to flag, and the head was found too large to pass under the arch. To remove the vectis and apply the forceps, would be to sacrifice all we had gained, as the head would slip up over the pubis. Craniotomy was proposed. Before resorting to this extremity, at the writer's suggestion, *the forceps were applied in conjunction with the vectis*. The *vectis*, it will be remembered, remains over the child's head and directly under the pubis. Pressure must be made directly downwards and outwards to avoid injuring the soft parts of the mother. The *forceps* were applied at the sides of the head, and by letting the handle of the vectis hang down between the blades of the forceps, each instrument worked clearly and independently, yet in harmony together. The forceps were applied (by Dr. D. R. Gardiner) with some

difficulty, on account of the vectis, but were finally locked, and all was ready for a new trial.

The forceps were managed and used by Dr. Daniel R. Gardiner, and traction made directly outwards; the vectis was used by myself, assisted by Dr. Richard Gardiner and traction applied downwards. By these means, and in this way, the head was gradually forced under and through the constricted pelvis, and could have been delivered at once by the forceps but for the vectis, which interfered with the movement of the child, after its head had been disengaged from its osseous prison. To have delivered at once would have injured the soft parts, which was inadmissible and unjustifiable, and the forceps were unlocked, and taken off and then the vectis removed. In the next pain, the child's head, assisted by Dr. D. R. Gardiner, was born, and the body immediately after.

The child, a boy, was much asphyxiated, and several minutes were allowed to elapse before the cord was tied and cut, as pulsations were still perceptible in it. The woman's abdomen was kneaded by Dr. Richard Gardiner and the secundines removed by the writer. No hemorrhage ensued, and the woman had a good getting-up. Her bowels moved on the fifth day. Nothing unusual was observed in her confinement excepting a numbness in the right limb, probably arising from compression of the nerves in the pelvis.

The head of the child was abraded on the occiput, on the left side of the face, and under the left ear, but by applying *Arnica* 0, in water, several times a day, for four or five days, the wounds healed up in a week, and the child did, and up to the date of this report (Feb. 15th) is doing, well. The head measured fifteen inches in circumference, showing a diameter of five inches, and the child weighed nine pounds. The head, if anything, was rather larger than usual for the size of the child.

The application of the vectis and forceps at the same time was a novel proceeding, but the result proved it not

only expedient but useful. With all this pressure, no harm was done to the soft parts of the mother. In a few hours afterwards no unpleasant effects remained, no soreness was complained of, or even felt by the woman; on the sixth day she got up on her own responsibility to have her bed made, and in ten days was able to attend to some of her domestic duties.

One other feature which should not be forgotten is the fact of the period of gestation extending over three hundred days. In her former pregnancies this was easily determined by dating back to the time of her last menses. This time she became pregnant while nursing, without menstruating, and expected to be confined on Christmas, counting from the time of quickening, while parturition did not take place until five weeks afterwards.

This case is described thus fully in order that other physicians may be induced to resort to every known or possible expedient to save the child, without injuring the mother, before resorting to craniotomy.

In this case, and in similar ones, *one* physician doubtless could not have delivered this woman of a living child. *Two* physicians, working in harmony, having the welfare of the woman at heart, instead of a professional dislike for each other, would do much better, but in this case *three* were none too many to do the work well, and respect for each and every one's skill in the case, was one result as well as the saving of a child with an immortal soul!

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## CLINICAL CASE.

### *Variolinum.*

NO. 49 125TH STREET, NEW YORK,

March 23d, 1871.

SAMUEL SWAN, M.D.

DEAR DOCTOR: At your request, I now give a statement of my case, which, if you desire, you can make public.

Upon waking on the morning of March 8th, I felt a



severe aching pain in the sternum, which passed off during the forenoon. At 2 p.m. I was attacked with a severe pain in the back and head, which steadily increased during the afternoon, with nausea and chilliness, the latter being aggravated by the slightest movement. The pain in the head was in the cerebrum, with a sensation as if it would burst through my forehead and temples. Raising my head greatly aggravated the bursting feeling, noise and light seemed also to make it unbearable, and there was a decidedly weary feeling, as if it were impossible to raise my head from the pillow. The pain in the back was a bruised, aching feeling in the lumbar region, extending downward to the sacrum, and was not relieved by any position, but there was a continued desire to change the position, hoping, but in vain, to obtain relief by the change. Tongue not coated.

At bedtime I took Nux 200, passed a restless night, and on the morning of the 9th found all my symptoms worse, with an intensely burning skin, with pulse 80, and no thirst. There was not the least desire for water. I would take a mouthful now and then to rinse my mouth, on account of an unpleasant flat taste, like food without salt.

Having been exposed to small-pox in its worst form, in my practice, without taking thought to protect myself from the disease, I concluded that I had taken it, and at once commenced on Variolinum 200, in water, every three hours. Every time I took a spoonful, I found the taste very unpleasant, and it seemed to increase the flat taste referred to above.

Toward noon I became worse, the pains in the back and head were intense. When I lay perfectly quiet my skin seemed on fire; my face had considerable color, but my hands, equally hot, remained natural.

The slightest movement, of a finger even, or the touch of a person, would cause external chills to run over me, from the point touched or moved to the farthest part of

my body. These chills were very painful, and often attended by *cutis anserina*; my breath was very offensive. The chilliness from movement, constipation, and palpable fact that I was no better, induced me again to take Nux v. 1<sup>m</sup> in water, every two hours. Finding, after three doses, that I was worse after each dose, I returned to Variolinum 200, and sent for you. I continued the Variolinum through the night, from 6 P.M., every three hours, and in the morning of the 10th, when you arrived, was much better, but had all the above symptoms in a modified form. During the time from the first appearance of the heat, it seemed as if I would suffocate for want of air, and had all the windows and doors open.

You prescribed Variolinum 1<sup>m</sup>, and as I did not happen to have it you sent it to me, and I received it at 3 P.M. From noon till that time all my symptoms grew worse. I took one dose of the 1<sup>m</sup> as soon as received. In an hour after taking it, I broke out in a viscid and extremely offensive sweat, which in another hour changed to a warm, natural, inoffensive perspiration, which in turn passed off, leaving me feeling much better. At 7 P.M. I took another dose, slept well all night, and awoke the next morning feeling quite well, but very weak. Naturally my bowels are constipated, and the movements are generally painful from the hardness and large size of the stool. You can imagine my surprise, when on the morning of the 10th, after you left, and the second day after commencing the Variolinum, I had a copious dark fecal stool, which passed with the utmost ease and comfort, and my bowels are much more regular ever since (now two weeks).

I urinated only every morning, passing a large quantity, but did not feel inconvenienced by the retention. The color was deeper reddish than is natural, and the quantity each time was about two quarts; this continued four days. I had no dreams. My mouth was moist all the time. There was a slight congestion of the eyes when

the heat was worst. I shall be very much interested to know how these symptoms will agree with those produced by the provings you are now making.

Yours very truly,

A. M. PEIRSONS, M.D.

## CLINICAL CASES.

(Read before the Homeopathic Medical Society of Chester, Delaware, and Montgomery Counties, January, 1871.\*)

### INTERMITTENT FEVER.

*Apis mellifica*.—Tertian type. The chill came on about 4 o'clock, P.M. The patient complained of feeling the chill worse when sitting in a warm room or near the stove, and also upon moving about. The heat was mostly about the chest, and abdomen, and hands. There was considerable drowsiness and dryness of the skin, and very little sweat.

*Arsenicum*.—Sensation of chilliness in the interior of the body, and flushes of heat passing over the surface; pain in the pit of the stomach, and extreme restlessness. Alternate feelings of chill and heat. Great thirst for large quantities of water during the sweat.

*China*.—Vertigo with the chill. Hands and feet cold; long stage of fever; face red, and pain in the hypochondria; sweat during the night.

*Chin. sulph.*—Severe case of regular tertian ague. Violent shaking chill; high fever and profuse exhausting sweat; patient delirious during the fever; great prostration.

*Drosera*.—Whooping-cough during intermittent fever; it reduced the cough from violent convulsive paroxysms to an ordinary catarrhal one, and also mitigated the severity of the fever.

*Eupatorium perfol.*—Great thirst before the chill, and

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\* We are indebted to Trimble Pratt, M.D., Secretary of the Society, for the report of these cases.—EDITOR H. M.



continuing through the fever. The chill came at 8 o'clock, A.M. Very little fever and sweat; intense aching in the back and limbs; bitter taste in mouth.

*Natrum mur.*—A hard chill came on at 11 o'clock, A.M., lasting until 1 P.M.; headache during the fever, little sweat, sallow complexion, no appetite, food tastes bitter, swelling in the right hypochondriac region.

*Nux moschata.*—Apparently nervous chills; they came on every morning about 7 o'clock. As the chill progressed the patient became very drowsy, and at the close of the chill fell asleep; this sleep continued through the fever, which was very light. This patient was troubled with considerable dryness of the throat when she awoke in the morning.

*Tartar emetic.*—During the chill and fever no thirst, considerable pain in lower limbs; uneasiness and nausea; chilly stage with flushes of heat.

W. O. GRIGGS, M.D.

#### PUERPERAL CONVULSIONS.

CASE 1.—Mrs. C., æt. 26, was delivered of her first child, without anything unusual occurring. Next day I called, and as I entered her room, and before I could greet her with "good morning," she went into a convulsion. Her head was drawn backwards; the face became bluish-red and fearfully convulsed, and the muscles of the body were thrown into violent and irregular action. Thus, occurring so suddenly and without any premonition, I was completely nonplussed, and the friends terror stricken. After a few moments I learned from the nurse that Mrs. C. had complained of a throbbing in her forehead a little while before I entered the room. I immediately placed a few pellets of *Belladonna*, 6th, upon her tongue, and to my great happiness she had but one slight paroxysm thereafter; although she remained in a semi-conscious condition for several hours.

CASE 2.—A Mrs. H., æt. 32, and mother of two chil-

dren and in labor with her third. On entering her apartment I was informed by the nurse that she had been losing blood, more or less, for several days. An examination per vaginam assured me that I had a case of "placenta prævia." The os was well dilated, and nearly two-thirds of its diameter covered by the placenta. With every pain a profuse discharge of blood would occur. I immediately ruptured the membranes, and pressing the placenta to one side allowed the head to occupy the os. By this mode of procedure, the hemorrhage was in a great measure arrested, and the labor advanced rapidly until the head reached the perineum, when my patient was seized with convulsions. A moment before, she remarked that her "head felt badly," but as my head and hands both were occupied with the child at this stage, I did not give immediate attention to her until after the spasms occurred, when I at once gave her Belladonna. The next pain delivered both child and afterbirth together. There was no recurrence of the convulsions, but the patient remained in a half conscious state for four hours, uttering silly speeches and making strange gestures. For those symptoms she received one dose of Stramonium, after which she made a happy recovery.

CASE 3.—Mrs. T., æt. 33, mother of four children. When seven months advanced in her fifth pregnancy, she was attacked with spasms. They were characterized by twitching of the muscles of the mouth and eyes; wild expression; eyes turned up, and a constant attempt to tear the hair; sometimes laughing, at others crying; very nervous and excitable. This patient I treated with *Ignatia*, one dose every three hours. The spasms continued at intervals of one to two hours for half a day, when they entirely subsided, and at the end of nine months she was delivered of a male child, without any unusual occurrence.

CASE 4.—Mrs. B., æt. 37, mother of one child. When eight months advanced in pregnancy she was attacked

with most terrible convulsions. She had retired in the evening as well as usual, but about 4 A.M. she awoke, complaining of a severe pain at the base of the brain and in her stomach, and in a few moments she was seized with convulsions. I saw her first while she was struggling in the third spasm. Her whole body was most frightfully convulsed, and especially the muscles about the face, mouth, and eyes; her limbs were jerked with such force that it was difficult to keep her on the bed. *Belladonna* having done me good service on other occasions I began with it, giving a dose every half hour. At the end of three hours, there being no improvement, I substituted *Hyosciamus* for the Bell. Three hours more had now expired, and still no abatement whatever. A vaginal examination showed no dilatation of the os uteri, or other evidence of uterine contractions. She lay in a soporous state, perfectly unconscious; face dark red and swollen; respiration greatly oppressed, with stertorous breathing; head thrown back, eyes half closed, and muttering all the while. I now administered *Opium*<sup>6</sup> with no better result. Dr. Harlan, of Wilmington, was now called in, and with his acquiescence I gave Ex. Ergot, about half an ounce in all, with a view to bring on labor. After the lapse of six hours the os dilated, and the head came down so that I was enabled to apply the forceps and deliver a still-born male child. The convulsions which had continued, but with less severity, up to this time, immediately ceased, leaving the patient extremely prostrate. She remained motionless and comatose; eyes half closed, pupils contracted and insensible to light; clammy perspiration of the whole body. A little brandy was given with apparent good effect, but she remained in this soporous unconscious condition for three days, taking *Opium* every three hours. At the end of three days she returned to consciousness, and from that time gradually recovered.

CASE 5.—Mrs. H., æt. 24, of full robust habit, and mother of one child. When six months gone in her sec-



ond pregnancy she retired one evening, complaining of a slight pain in her head. About 12 o'clock she awoke, and immediately went into convulsions. I saw her after she had had the third; they were the most frightful paroxysms I ever witnessed. I tried first *Bell.*, then *Hyos.*, and lastly *Cuprum*; but to no purpose. They continued for about twenty-two hours, when I found by examination that the os uteri had dilated considerably, and that I could soon deliver the fetus, which I did with the forceps, and the convulsions immediately ceased. The patient now lay in a perfectly comatose condition. *Opium* was given every two hours, but in vain. She died twenty-four hours after delivery.

CASE 6.—Mrs. M., æt. 38, eight months advanced in her first pregnancy. During a heavy thunderstorm she became much frightened, and was attacked with pain in her back, which soon extended to the neck and head; finally it left that locality and went to the stomach, accompanied by bitter bilious vomiting. I saw her about 8 P.M., and from a consideration of the case, and her previous habits, prescribed *Nux vomica*. At early dawn next morning I was summoned to her bedside, and found her in terrific spasms. I learned from the attendants that a few hours after my visit in the evening, the pain in her stomach and vomiting subsided, and she complained of her head, and was at times flighty. The paroxysms recurred about every fifteen minutes, with total loss of consciousness from the first. There was no dilatation of the os uteri, or apparent uterine contractions. *Belladonna* would do nothing, *Hyosciamus* also failed, as did *Opium*. Dr. Sumner Stebbins was now called in, and we tried to provoke labor by *Es. Ergot*, but failed, and the patient died at 11 A.M., in a comatose state.

These cases have occurred during the last ten years of my practice, and out of at least five hundred cases of parturition.

I. D. JOHNSON, M. D.

## COMMUNICATION.

(For the Hahnemannian Monthly.)

*Regarding Applications for Membership in the American Institute of Homœopathy.*

IN view of the approach of the next meeting of the American Institute of Homœopathy, I beg to make a suggestion, as Chairman of the Board of Censors, to physicians who may apply for membership. The Board of Censors will require of each applicant, that his first or given name shall be stated in full, and not in initials;—this was required at the last meeting, as one initial letter might represent several different names. For general information, the following Section 1 of Article IX of the By-Laws is given, that applicants may know what is required of them, and what are the duties of the Board of Censors:

“Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and sustains a *good moral character* and general standing—addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute—may be elected a member thereof, and, upon the payment of two dollars, shall receive a certificate of such election.”

As complaints have heretofore been made in regard to the moral and professional status of members who have been elected, it will be required, in order to prevent such complaints in the future, that the three members of the Institute who shall sign an application, *shall be each personally acquainted with the applicant*, and not sign, at the request of another member, without such personal knowledge. It is of more importance to science and to the cause of humanity, that only ten really competent physi-

cians shall be elected to membership at each session of the Institute, than one hundred pretenders and mongrels. The matter of competency (not numbers) should be of paramount importance.

F. R. McMANUS, M.D.,

Chairman of Board of Censors.

## PUBLICATIONS RECEIVED.

BRITISH HOMŒOPATHIC PHARMACOPŒIA. PUBLISHED BY THE BRITISH HOMŒOPATHIC SOCIETY. London: 1870. Pp. 336.

The *British Homœopathic Society*, in issuing this new Pharmacopœia, state that they have endeavored to supply a want which has long been felt in consequence of the number of new remedies that have been proved within the last twenty years. In 1834, Dr. Quin, President of the Society, edited the *Pharmacopœia Homœopathica* in Latin, and which was compiled from all preceding works on the same subject. Since Dr. Quin's Latin edition, the following works have chiefly regulated the operations of homœopathic pharmacutists, viz., *Jahr's Pharmacopœia and Posology*, which was translated into English by Dr. James Kitchen, of Philadelphia, in 1842; Buchner's *Pharmacopœia*; Gruner's *Homœopathische Pharmacopœie*, compiled and published in 1845; Dr. G. Schmid's work on Pharmacy and Posology, which appeared in 1846; an English *Homœopathic Pharmacopœia and Posology*, published by Leath and Ross in 1850; Buchner's second and enlarged edition of his *Homœopathische Arznei-Bereitungslehre*, 1852; and an "authorized English edition" of Gruner's *Homœopathic Pharmacopœia*, published in 1855; since which no work has appeared, until now, that has offered itself as a standard for our pharmacutists.

The present work is divided as follows: *Part First* comprises General Rules to be observed by pharmacutists in the preparation of tinctures, triturations, &c., and of the usual homœopathic vehicles, &c. *Part Second* treats of the various Medicines and their preparations, commencing with Acidum benzoicum and ending with Zingiber. *Part Third* refers to the preparation of External Applications. These three parts are followed by a "Table showing the usual Doses, Duration of Action, and Antidotes to the Official Medicines," and a *Supplement* comprising, first: "Medicines which have only been partially proved, or, if proved, have been so little used that no certain knowledge exists of their real value;" and second: "Substances whose physiological action is more or less known, but which have not yet been proved."

The efforts of the British Homœopathic Society, in thus attempting to supply a reliable work for the use of homœopathic chemists and the gene-



ral profession, is most praiseworthy, and it may be stated that in general these efforts have been crowned with success. The amount of labor involved in the preparation of a work of this character is very great, and can scarcely be properly appreciated by others than those who have wrought in the same field; while the reward is only to be found in the consciousness of having performed a useful task, and in the encomiums of those who are thereby benefited. We would, therefore, be greatly pleased if we could be permitted to pass an entirely favorable judgment on this useful and handy volume, but a desire to deal justly with our readers and with the authors of the book, impels us to call attention to a few points, amongst others, in which improvements may be made for a second edition.

For instance, on page 2, in referring to the preparation of distilled water, it is stated that "all the water used by homœopathic chemists must be distilled in apparatus made entirely of glass or porcelain." In all probability there is no "homœopathic chemist" in the world who prepares distilled water in this way; nor is it necessary. And the use of glass apparatus might, and in all probability would, defeat the object had in view, of obtaining chemically pure water. Again, in treating of the preparation of Sugar of Milk, the following passage occurs (p. 5): "Reduce it to a coarse powder, and dissolve it by boiling it in double its quantity of distilled water. While yet boiling hot, filter it through white blotting-paper, which is spread over a new filtering-cloth," &c. The process of filtering a *boiling hot* solution of sugar of milk through white *blotting-paper* would be a very interesting one to witness, if it could be accomplished. We beg the members of the British Homœopathic Society to try the experiment, and see what comes of it. These are minor points, and may seem hardly worth mentioning, and yet they indicate a want of practical acquaintance in some measure with the processes treated of.

On page 89, under the heading *Bryonia*, we find that the Continental *Bryonia alba* and the British *Bryonia dioica* are both recorded as official. The reason given for this is, that "a large quantity of *B. dioica* has been prepared and used in this country (England), and the action is so similar to the *alba* that few, if any, practitioners can detect the difference." Against this indiscriminate use of similar plants, we must utter a protest. It is in violation of the spirit of homœopathy, and in contravention of the office of the work in which it appears, which should be a corrector of such *looseness* in whatever shape it may exist.

In that part of the work which is denominated a "Table showing the usual Doses, Duration of Action, and Antidotes to the Official Medicines," the full names of the medicines are followed by abbreviated titles. In comparing these abbreviations with those adopted by the American Institute of Homœopathy, the discrepancies are noteworthy. In our judgment the contractions recommended by the American Society are more apposite than those presented by their British brethren.

The work is handsomely printed on good paper, and will not try the eyes of those who may refer to its valuable pages.

On sale by Boericke & Tafel, New York and Philadelphia.

ACUTE DISEASES AND THEIR HOMOEOPATHIC TREATMENT, &c. BY J. P. DAKE, A.M., M.D. Second Family Edition, carefully revised and enlarged. Nashville: William Gamble & Co. Pp. 130.

This is a handy little pocket volume for domestic use, being a second edition, revised and enlarged; the additions having been made with a view of more fully adapting the book to meet the peculiarities of the South and West. The reputation of the author, as a scholar and practitioner, is sufficient to give character to any work, and in this little treatise he has given in the main judicious treatment for a large class of acute disorders, with sufficient clearness to be comprehensible to all who may read; and yet there are two marked features of the book to which we take exception, viz., the frequent and almost indiscriminate recommendation of *alternation*, and the equally free and decidedly more objectionable recommendation of brandy, wine, whiskey, for the cure of the simplest acute disorders. There is only too great a tendency to the use of strong drink on the part of the people, and if domestic medical treatises so freely advise a recourse to these poisons, we feel that the world will not be bettered thereby.

THE PREVENTIVE OBSTACLE, OR CONJUGAL ONANISM. The dangers and inconveniences to the individual, to the family, and to society, of frauds in the accomplishment of the generative functions. By L. E. E. Bergeret, Physician-in-Chief of the Arbois Hospital (Jura). Translated from the Third French Edition, by P. De Marmon, M.D. New York: Turner & Mignard, 1870. Pp. 182.

The lengthy title of this work sufficiently exhibits its character and contents. Books of its kind have become quite fashionable, and it seems equally fashionable for critics to praise their authors for perspicuity, sound judgment, and rare courage; and yet in our opinion such criticisms are only exceeded in perniciousness by the volumes themselves. It is claimed that there is "good in everything," but, with an earnest desire to subscribe to that doctrine, we find great difficulty in arriving at the "good" to be obtained from the work now before us. That "conjugal onanism" is not a myth, no physician of experience will deny, and that it may produce serious consequences is equally patent; but that it is practiced to the extent set forth by Bergeret—at all events in this country—or calls for a special treatise of this character, we take the liberty of entertaining a doubt. It may be that the French author has given us a correct picture of the debased condition of French morals, and if such be the case, it goes far towards accounting for the surprising fact that fair France so recently lay groaning beneath the iron heel of German manhood, and is even now enduring the agonies of civil war.

An ordinarily decent man cannot read this book without being filled

with disgust; and for the young physician, whose mind is plastic, and whose opinions are unformed, it is absolute moral poison. The translator almost involuntarily acknowledges the effect of the poison on his own mind by writing as follows in his Preface: "On first reading the original of which I offer here a translation, I was struck by the number of diseases and moral troubles caused by that unnatural practice entitled *Conjugal Onanism*. I then reviewed in my memory the great number of cases of female disorders I had attended; and searching into the aetiology of these disorders, I remembered that many of them had no other cause than the one which forms the subject of this work." In this way will almost every reader of the work, whose mind is not previously fortified, be "struck." He will find himself entertaining the most unwarranted opinions concerning his female patients who make the slightest complaints of sexual troubles; he will suppose every little female ailment to arise from one or another form of "sexual fraud," and it will be well for him if he does not give vent to his newly derived opinions of female purity to the objects of his suspicions. We have witnessed the workings of this poison in several instances, and are conversant with its effects. The whole tendency of the book is debasing, and one cannot rise from a perusal of its contents without experiencing a feeling of contempt for all mankind, including the author, translator, and *reader* of the work.

**SATAN IN SOCIETY.** By a Physician. Cincinnati and New York: C. F. Vent, 1871. Pp. 412.

This work may be said to belong to the same class as the preceding volume. Ostensibly written for a good purpose, and assuming a high moral and even religious tone, it contains a great deal of advice such as it is well to lay before the people in popular shape; but there is likewise to be found upon its pages so much that is improper to meet the eye of the public, that whatever good it might do will be entirely overcome by the amount of evil that its perusal is liable to engender. The author assumes that his work will be read by the young of both sexes, and is particularly careful to have it understood that his pen has been wielded in the service especially of young ladies; but we are decidedly of the opinion that many of his chapters are of a character that would call a blush to the cheek of even a battered belle of a dozen seasons in "good society." As for the innocent young we cannot imagine anything in literature of a more pernicious character—all the more subtle for the high moral and religious seasoning—that could be placed in their hands, without descending to that catalogue of works by unknown authors which have been by common consent placed in the *index expurgatorius*.

We deem it eminently proper for medical men to warn their patients, in a proper way and at a proper time, of the crime and folly of, and the terrible consequences that inevitably follow, a violation of the decencies of human nature and of the laws of human physiology. And doubtless every physician of experience meets with cases in his practice which demand



plain speaking and prompt action to rescue the hapless sufferers from the consequences of their wickedness; but in books of the character of "Satan in Society" and "Conjugal Onanism," the authors reveal such a perfect knowledge of and intimate acquaintance with the mysteries of human nastiness, we cannot help thinking that possibly this perfect knowledge is derived, like a proposition in metaphysics, from internal consciousness.

**COUNSEL TO A MOTHER:** being a continuation and the completion of "Advice to a Mother." BY PYE HENRY CHAVASSE, F.R.C.S.E., &c., &c. Philadelphia: J. B. Lippincott & Co., 1871. Pp. 169.

It is really refreshing to turn from the preceding volume to this brochure, and to note the difference between them. One would have supposed, on reading "Advice to a Mother," that the author had well-nigh exhausted his subject, but in this new volume he has given a great deal of counsel and instruction not contained in his first venture, while the same soundness of doctrine, heartiness of sentiment, and purity of expression are admirably preserved throughout. While we do not indorse all the teachings of the author, we unhesitatingly declare that "Counsel to a Mother," and its companion work, are of a character to be read with profit by every woman in the land.

**MATERIA MEDICA CARDS.** BY TEMPLE S. HOYNE, M.D., Chicago. Groups 1, 2 and 3.

**CHARACTERISTIC CARDS** (new electrotyped edition). Corroborated and selected by C. Hering, M.D., Philadelphia.

The appearance of these publications indicates most positively the tendency of the homœopathic profession to the study of the "characteristics" of the *Materia Medica*, as a means of simplifying its practical use. The first mentioned series of "cards," by Dr. Hoyne, has been arranged for the benefit of his classes in Hahnemann Medical College, Chicago, and are in imitation, with a difference, of their prototypes, the "cards" of Dr. Hering. The "difference" consists in this, that Dr. Hoyne has arranged the medicines of which he gives the characteristics into "groups" (for instance, Group 1 comprises Aconite, Belladonna, Bryonia, China, Nux vomica, Phosphorus, Rhus tox., Sulphur, Gelseminum and Veratrum vir.), three in number, the name of each medicine being printed on one side of a large card nearly six by ten inches, while the "characteristics," gathered from various sources, are printed on the obverse. Doubtless these cards fulfil the purpose of their proprietor, in supplying a ready means of study of the drugs embraced; but it does not occur to us that they offer any facilities for or inducements to such study above what is attained in Burt's *Materia Medica*, or other kindred works. The original "cards" of Dr. Hering, on the contrary, attract by their very novelty, and the "characteristics" having passed under the keen and discriminating eye of that veteran practitioner, are all the more reliable for such scrutiny. In Hering's cards it is optional

whether they be kept in sheets or are cut into small cards, with the name of a medicine on one side and one of its prominent and well-authenticated characteristics on the other.

THE NEW YORK OBSERVER YEAR-BOOK AND ALMANAC. 1871. New York: Sidney E. Morse, Jr. & Co.

This is a publication that cannot fail to prove of great value to all classes of persons in all sections of the country. It is the intention of the publishers, who are likewise proprietors of the New York Observer newspaper, to issue a similar volume at the commencement of each year, and present a copy of the same to each subscriber to their paper, while they will be on sale to others at one dollar per copy. The information conveyed is of the most useful kind, and has been collated from a great variety of sources, while it is evident at the same time that the work has been intelligently and carefully done. It is almost impossible to specify the contents of this volume, but we may mention particularly "The Origin, Rise, and Progress of the Typographic Art," as worthy a careful perusal; while a reprint of the "First Directory of the City of New York," published in 1786, will gratify the curious. It contained but 926 names, while that of 1870-71 contains 204,617.

GOOD HEALTH. A journal of physical and mental culture. Alexander Moore, Publisher, 11 Bloomfield Street, Boston.

HOME AND HEALTH. A monthly magazine devoted to health and the home circle. W. R. De Puy & Brother, Publishers, 805 Broadway, New York.

The education of the masses in regard of everything that relates to the preservation of good health, is a most important consideration in the mind of every true physician; and, probably, there is no better method of accomplishing it than by the publication of such serials as the above, in which essays, plainly and pointedly written by able men, are constantly being brought to the notice of their readers. It is the duty of all physicians to encourage such publications, and this more particularly so long as matters that relate to the strictly medical treatment of disease are avoided. We can and do heartily recommend the above journals to our readers as worthy of their confidence, and of a character to be of benefit to their patients. "Good Health" is the elder of the two, having entered upon its second volume, while its original papers are perhaps of a higher order than those of its competitor; but "Home and Health" likewise inculcates sound hygienic principles, and gives in addition a pleasing variety of general literature.

AMERICAN NEWSPAPER REPORTER AND ADVERTISER'S GAZETTE. New York: Geo. P. Rowell & Co.

We can readily conceive this to be an invaluable publication for newspaper men, each weekly issue being filled to overflowing with business and news items of great interest to the fraternity of editors and publishers; but it is likewise interesting and valuable to all persons inter-

ested in literature, and contains a great deal of miscellaneous matter, quite acceptable to the general public. It is issued in weekly parts by the extensive and reliable advertising agents, Messrs. Geo. P. Rowell & Co., 41 Park Row, New York, who likewise publish the "Advertiser's Gazette" (quarterly) and the "American Newspaper Directory" (annual).

**AMERICAN JOURNAL OF MICROSCOPY.** Devoted to the Elucidation of Scientific and Popular Microscopy. E. M. Hale, M.D., Editor. Chicago: G. Mead & Co.

This journal, as its title indicates, is specially devoted to microscopic science, and is the only one of its kind published in America. Some time ago we received a small quarto sheet bearing the same name as the journal under review, which, the editor tells us, was issued "with some misgivings." But the publishers were surprised and gratified by its favorable reception, and so much so that they were induced to reissue No. 1 of Vol. I in the present more acceptable and tasteful form. The growing interest evinced by the masses, as well as by those of scientific attainments, in the subject of microscopy, gives this journal a broad and ever-increasing field of operations, and insures its success almost beyond a peradventure. Under the editorial management of that distinguished and indefatigable worker in the domain of science, Dr. E. M. Hale, of Chicago, subscribers have a guarantee that the journal will be conducted with ability, and it is hinted by the publishers that other talent will shortly be engaged in the work of making it the equal, at least, of European publications of a similar character.

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#### REGULAR EXCHANGES RECEIVED.

British Journal of Homœopathy (London, England); Monthly Homœopathic Review (London, England); Rivista Omiopatica (Rome); El Criterio Medico (Madrid); Canada Journal of Dental Sciences; La Homœopatia (Bogota, S. A.); The Chemist and Druggist (London, England); Medical Investigator; Ohio Medical and Surgical Reporter; Medical Times; Journal of Speculative Philosophy; American Journal of Homœopathic Materia Medica; New York Medical Journal; American Homœopathic Observer; Western Homœopathic Observer; North American Journal of Homœopathy; New England Medical Gazette; United States Medical and Surgical Journal; Northwestern Medical and Surgical Journal; Michigan University Medical Journal; Journal of the Gynecological Society of Boston; American Journal of Microscopy; The Homœopathic Quarterly; Good Health; Health and Home; The Atlantic Monthly; Every Saturday; Our Young Folks; The People's Literary Companion; Newspaper Reporter and Advertiser's Gazette.

A large number of miscellaneous publications have been received, in addition to those already noticed, all of which will meet with proper attention in subsequent issues of the *Hahnemannian Monthly*.



## EDITORIAL NOTES.

COURTEOUS.—SAMUEL A. JONES, M.D., of Englewood, N. J., is a gentleman who recently "went into" medical literature—occasionally "dropping into poetry," with views similar to those held by Mr. Paddy O'Rafferty, of Donnybrook fame, viz.: *wherever there is a head, hit it*; but who, unlike Pat, sheltered himself behind the *nom de plume* of "Carl Müller." Thus protected, he furnished amusement for such of the readers of more than one of our journals as did not suffer from his smartness. Impelled by a combination of circumstances, Dr. Jones has at length deemed it fitting that he should officially notify everybody interested of the fact—known to nearly everybody long ago,—that he is not the lion, but only "Snug the joiner," that he is not "Carl Müller," but only S. A. Jones. This is all just as it should be, and it would have passed without note from us (save, perhaps, to congratulate Dr. Jones on having retrieved his manhood), were it not for the fact that, in his letter of apology, contained in the February number of the *American Homœopathic Observer*, he makes a statement which we cannot allow to go unchallenged. It is contained in the following paragraph:

"It was urged upon me by a friend, that while a pseudonym would weaken me as an authority, it would also deprive *me* of any little honor perchance, that might accrue from the work done. These validities were unheeded, but, when he added that I was open to the charge of cowardice, I at once felt an Irish-like desire to get out of that! At this period, however, there was little cover left for me to take off, because the courteous editor of the *Hahnemannian Monthly* had already unmasked me—*although he must have obtained his information as to the identity of 'Carl Müller,' under the seal of secrecy.* [The provocation being, that Carl had winged one of the symptomatic gobe-mouches who detail their antics in that sheet.]"

The sentence we have italicized contains a charge that is entirely false. Entertaining a mere suspicion—engendered we hardly know how—that "Carl Müller" and S. A. Jones were identicals, we were told by Dr. Henry Noah Martin, of Philadelphia, that such was the fact; but there was no pledge of secrecy asked for by Dr. Martin, and certainly none would have been given had he demanded it, as we should have declined to promise concealment of a writer so greatly inclined to gross personalities.

The paragraph in which, according to Dr. Jones, we "unmasked" him, will be found in the *Hahnemannian Monthly*, vol. iv, p. 480, and reads as follows:

"The *Medical Investigator* is an excellent journal, but is apt to be too 'slangy' and 'spicy.' Sam—we mean Carl-Müller—being a *Spaniard*, is excusable for his constant use of *Chile*, but there is no necessity for marring the entire feast by too much seasoning."

The circumstance which called forth this hint to Dr. Jones, was as follows: Dr. H. N. Guernsey had taken the liberty to express his views

on the subject of Reproduction, in a paper read before the Philadelphia Homœopathic Medical Society, and which paper was subsequently published in this journal. In vol. vi, No. 5, of the *Medical Investigator*, there appeared a "poem," over the signature of "Carl Müller," ridiculing Dr. Guernsey and his views, and which, while acknowledging its *smartness*, we do not hesitate to call disgraceful. To this attack Dr. Guernsey, though urged to do so by indignant friends, did not condescend to reply, but, thinking a hint to Dr. Jones to the effect that his concealment was ostrich-like, might be opportune, we indited the paragraph referred to, but did not tell any one—Dr. Guernsey not excepted—who "Carl Müller" really was. How Dr. Jones can claim that we thereby *unmasked* him we cannot understand. Certainly not a half-dozen physicians in the country could have diagnosed the case at that time, from our indications, and it must have been solely through the workings of conscience, which "makes cowards of us all," that Dr. J. saw so marked a pointedness in the few words we had written.

If we were to search throughout Carl Müller's writings, in all probability we could not find a paragraph other than the one we have quoted from the February *Observer* that would more completely demonstrate the unfitness of Dr. Jones for the position of a writer over a pseudonym. In it he does not hesitate to apply, over his true signature, an opprobrious epithet to, and write most disrespectfully about an eminent and highly esteemed practitioner, to offer an insult to a large and influential class of homœopathic physicians, and to charge with dishonorable conduct one of whose personality he can know so very little. It may be that this paragraph was purposely made *strong* to prove its writer's courage; but such a view of the case does not mend the matter.

Dr. Jones, in our opinion, made a mistake in assuming the *role* of a Junius, and we are glad to know that he has abandoned it. He has shown himself to be a man of education and ability, in medicine and in literature, and we trust that he will henceforth turn his parts to a better account than he has heretofore.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The Twenty-eighth Anniversary of this Society, which will be held in Philadelphia, June 6th, 7th, 8th and 9th, at the Hall of the Mercantile Library Association, bids fair to be a notable session. There appears to be a determination upon the part of all those physicians who are members of its scientific Bureaus, to bring forward as much valuable matter as possible on that occasion; and hence, we may look for the presentation of papers, not only intrinsically of great worth, but, as well, valuable from the discussions they will give rise to. In addition to the regular business sessions of the Institute, the "Committee of Arrangements," will provide various entertainments for the members, such as will doubtless be agreeable to all concerned, and help to make the meeting memorable. Circulars from the General Secretary and from the Committee of Arrangements, will, ere this reaches our readers, be sent by mail, through which all desired information may be obtained.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA—PROFESSORIAL CHANGES.—The *Annual Announcement* of this institution for the session of 1871-72, which is now being circulated, informs us that Drs. C. Hering and C. G. Raue have resigned respectively the chairs of *Materia Medica* and *Practice*. Identified with the interests of the College from its foundation, these gentlemen have now severed their connection with it, after terms of service which gave great satisfaction to their classes, and aided materially in securing the success of the institution. The earnestness and zeal of Dr. Hering in the cause of medical education, coupled with his great ability and varied attainments, and his universally recognized high position in our school, made his name a tower of strength to the College; while with great ability as a teacher, success as an author, and well-deserved popularity with the classes, Dr. Raue was scarcely behind his venerable friend and colleague in usefulness to the cause. The resignation of these gentlemen was therefore a matter of deep regret, and it will be perceived that the places they had vacated were not easy to be filled. The faculty and trustees, therefore, in full appreciation of the situation, at once cast about them to secure the most competent men for the vacant chairs; and we are most happy to announce that they have fully succeeded in accomplishing that purpose.

Dr. Henry N. Guernsey, of Philadelphia, formerly Professor of Obstetrics, &c., in the Homœopathic Medical College of Philadelphia, and author of a well-known and most valuable work on Obstetrics, has consented, as a matter of duty to the profession, and after much solicitation on the part of his friends, to accept the chair of *Homœopathic Institutes and Materia Medica*, made vacant by the resignation of Dr. Hering, and Dr. Charles H. Haeseler, of Pottsville, has accepted the position of Professor of *Practice of Medicine, Special Pathology and Diagnostics*, *vice* Dr. Raue.

For the Professorship of *Materia Medica*, no better selection could possibly have been made than that of Dr. Guernsey. As a successful instructor in obstetrics, he stood without a superior for seven years of professorial life, and thus has the advantage of experience in the art of teaching, while his eminently *practical* acquaintance with the scope and utility of remedies, renders him peculiarly fitted for his new position, and will, as it has heretofore, lend great value to his lectures in that department of medicine. Dr. Charles H. Haeseler is doubtless well known to the entire homœopathic profession. Having been in large practice for a number of years, he brings to his new sphere of action, in addition to a well-tempered mind and sound judgment, a large experience in the homœopathic treatment of diseases. He has exhibited signal ability as a writer for our journals, and as the author of one of the most agreeably interesting books of travel ever written, he has shown a taste for literature that will be of service to him in the preparation of lectures. Dr. H. will shortly remove to Philadelphia, and has taken a house on West Arch Street with that object in view.



Not only the Trustees and Faculty of the College, but as well the entire profession, are to be congratulated on this happy termination of what might have been a disaster to our chief educational institution.

**NEMESIS.**—Our readers doubtless know that a certain Dr. Van Ernam, occupying the position of Commissioner of Pensions under the National Government, recently took it into his head—not recognizing the force of the proverb, that “it is hard to kick against the pricks,”—to remove from office all homeopathic physicians occupying the position of pension surgeons, upon the sole ground that they did not conform to his standard of orthodoxy, and therefore had no rights which he was bound to respect. This extraordinary and arbitrary act, of course, had the effect of arousing the physicians of our school to a proper sense of the enormity of the insult that had thus been put upon them, and excited a corresponding determination to resent it. Hence, resolutions of remonstrance were adopted by our medical societies, and forwarded to the authorities at Washington, and committees were appointed by some of our State organizations, to visit the President, and properly present the grievances of our school, asking, at the same time, the removal of the offending Commissioner. Accordingly, a delegation of physicians visited the Capital, saw the proper authorities, and made a plain statement of the facts in the case. They were cordially received, attentively heard, and redress was promised. And now the news comes to us that Dr. Van Ernam has *resigned* and his successor has been appointed, the latter, no doubt, having been instructed that the Government recognized no standard of orthodoxy in medicine. The late Commissioner of Pensions may be an excellent physician, but as a politician he certainly does not deserve to rank high.

The Committee through whose exertions this unpleasant affair was so satisfactorily concluded (Drs. S. D. Hand, Horace M. Paine, T. P. Wilson, N. Schneider, S. T. Charlton, T. S. Verdi, and J. Savage Delavan), deserve, and should receive, the thanks of the entire profession. Not content with merely fulfilling the duty of their appointment, they were instrumental in having a bill framed for securing *equal rights* to the medical profession, which was introduced into the house a few days prior to the adjournment of the last Congress by General Garfield. The text of the bill is as follows:

*“A Bill to secure to the Medical Profession equal rights in the service of the United States.*

*“Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, That all appointments to medical service in any capacity under the Government, shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to preferred theories of treatment.”*

There can be but little doubt that this bill, when it comes up, will pass by large majorities, as its justness will be recognized by our Senators and

Representatives, who are not likely to be under the influence of sectarianism in matters medical.

A pleasant fact to be viewed in connection with this affair is, that the course pursued by Dr. Van Aernam has not been indorsed by any Allopathic journal, society, or practitioner of note in the country. While perfectly willing, no doubt, to have a blow struck at Homœopathy, the thinking men of the old school do not fail to see that such ostracism must be subversive of the principles underlying our form of government, and, if consummated without hindrance, would establish a most unfortunate precedent.

**BROOKLYN HOMŒOPATHIC LYING-IN ASYLUM.**—This new charitable institution, located at No. 88 Lawrence Street, Brooklyn, N. Y., was organized in January last, and owes its existence to the persistent efforts of Henry Minton, M.D., of Brooklyn. Financially, it has made very successful progress, and quite a large amount in money and goods has been contributed for its support. The object of the Institution is, to furnish exclusively Homœopathic treatment and comfortable accommodations for women desiring an asylum during the period of confinement, their necessity being the only requisite of admission, without question as to nationality or color. The business of the asylum is under the control of a Board of Managers composed of women, an Advisory Board, of men, and a Medical Board, of which Dr. Minton is Physician-in-Chief, and Drs. F. W. Skiles, J. B. Elliott, E. T. Richardson, P. P. Wells, and H. F. Aten, are consulting physicians. That the institution will be abundantly successful we have no doubt.

**ALBANY CITY DISPENSARY.**—We are frequently called upon to direct our readers' attention to this most useful and ably managed institution for the dispensing of the blessing of homœopathic medication. We extract the following paragraphs from the gratifying report recently made to the Board of Managers by the resident physicians, Drs. Philip J. Cromwell and D. B. Belan.

"During the six months ending March 31, 1871, 6003 prescriptions have been made to 1278 different patients. This number includes 1856 visits to patients at their residences. The total number of prescriptions to the present time is 20,831.

"Of the thirteen hundred cases treated, about one-ninth are recorded as surgical. A large proportion of these are designated as cases of minor surgery. Several important operations have been performed; several dislocations and compound fractures have been reduced and treated. This class of cases would be largely augmented had the surgeon adequate hospital accommodation for the proper care and treatment of cases requiring attendance such as can be provided only in a well-appointed institution for admitting indoor patients. The success in the surgical department has been very gratifying, especially since the establishment of a daily clinic in this branch and the regular attendance of the surgeon.

"The institution has never been in a more prosperous condition than at present; as the daily increase of patients will show. The supply of medicines has always been ample. Fixtures, instruments, books, and other appliances for the successful prosecution of the ends of such an institution, are constantly increasing, and each month has so far not only added to the number of patients, but also to the facilities of treating them. The increase in the number of patients may be fairly ascribed to the attendance of the visiting physicians on the days appointed, although their attendance involves a loss of the best portion of the day, and often a sacrifice of personal interest. Not only this, but the physicians referred to have been frequently called upon to visit cases in consultation with the resident physicians, and have always given the *residents* all the assistance they have desired, both by advice and sharing the responsibility of the cases."

**ALUMNI ASSOCIATION.**—We have been requested to publish the following notice, to which we cheerfully give place. A gathering of old friends of college days is one of the pleasantest events of life.

*A Special Meeting of the Society of the Alumni of the Hahnemann Medical College of Philadelphia* will be held on Tuesday afternoon, June 6th, 1871, at the College Building, No. 1105 Filbert Street. All graduates of the College are invited to attend.

B. F. BETTS, M.D.,

*President.*

THE following note or query is submitted by Dr. Adolph Lippe, of Philadelphia, with the request that the same should be published in this Journal:

"Dr. Horace M. Paine, of Albany, who recently published a paper entitled 'The Status of Homœopathy,' in the *Hahnemannian Monthly*, would do the profession a great service if he would reply to the following questions: 1. At what point does he draw the line that divides the 'Liberals' and the 'Sectarians' of our School? 2. What are the 'characteristics' of a Liberal Homœopathist and of a Sectarian Homœopathician?"

**PERSONAL.—MARRIED.**—At the residence of J. Collier, in Lockport, N. Y., February 3d, 1871, Dr. E. F. HOYT, of Grand Rapids, and Miss FLORENCE E. SPALDING. We wish the young couple every happiness, and trust they may "live long and prosper." With a full knowledge of Dr. Hoyt we say, that if his success equals his merits, his life will be both prosperous and happy.

**VERDI.**—Our esteemed friend, Dr. T. S. Verdi, has been appointed by the President, under the Territorial Act for the District of Columbia, a member of the Board of Health for the District, and at the organization of the Board Dr. Verdi was elected Secretary. Some of our friends are disposed, very unwarrantably we think, to see in this a *recognition* of Homœopathy. Dr. Verdi is a well-known and highly esteemed citizen of



Washington, and a competent medical man, and as such he was appointed by the President, doubtless without any reference to his medical faith.

JAMES.—Our friend and co-laborer, Dr. Bushrod W. James, recently appeared in a new *role*. Well known as a writer for our journals, and as an active worker for homœopathy in various fields, he has now mounted the rostrum as a public lecturer. On the evening of Thursday, March 23d, he delivered a lecture at the Spring Garden Institute on "The Golden Garden" in the presence of a large and delighted audience. His remarks were illustrated by photographic views thrown from a magic lantern on such a scale as to be plainly visible from all parts of the crowded hall. Dr. James is a witty, interesting, and instructive lecturer.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

The Annual Meeting of the Society was held at the College Building, on Thursday evening, April 13th, 1871. The Vice-President, Dr. O. B. Gause, occupied the chair.

The minutes of the March meeting were read and approved.

GEORGE W. PARKER, M.D., was proposed for membership by the Secretary, and unanimously elected, under a suspension of the rules.

The report of the *Treasurer*, A. H. Ashton, M.D., was read, accepted, and ordered filed.

The report of the *Scribe*, Bushrod W. James, M.D., was read by the Secretary, Dr. James being unavoidably absent. The report is herewith appended.

### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

A "PROVING" OF CLIMATE.—Aiken, S. C., about seventeen miles from Augusta, Georgia, has the reputation of possessing the most suitable climate for consumptives, and invalids afflicted with bronchial, laryngeal, and throat diseases. Knowing this, we made it our duty to visit the place and ascertain its relative merits compared with the climate of Florida and that of Colorado and of some of the California valleys.

Having upon a former occasion, before this Society, compared the Atlantic and Pacific coasts climates, I will but briefly mention the peculiarities of this spot.

It is located upon the highest point in the State, that is, the surrounding country rises from all sides to this high level spot, being about six hundred feet above the city of Charleston, which is on the coast and mostly surrounded by salt marshes. The soil is sandy, like that of Central New Jersey, so that when rains occur, the ground is, in a few minutes, dry enough for valetudinarians to walk upon, and the atmosphere becomes

dry again in the same period of time. The moisture, therefore, instead of being removed by evaporation, as with us in the clay-soil regions, passes away quickly, as through the sand.

The dryness of the atmosphere, therefore, constitutes the superiority of this locality as a residence for the sick. It is not devoid of violent storms of wind and sandy dust, as I can testify to, nor entire freedom from sudden atmospheric changes must not be expected even here, for, from what I could glean from the residents of that section, very sudden changes do occur from heat to cold, and *vice versa*, and oftentimes the winter is colder than in many other parts of the South, but after a cold spell occurs, a mild dry temperature speedily sets in, which is, of course, an advantage over our moist sloppy form of winter weather. Florida has a mild climate in winter, but it is more moist and less subject to the sudden changes that occur at Aiken.

The surrounding forests of pine no doubt add to the healthfulness of Aiken, for pine forests inclose it for miles all around, the exceptions being only here and there a plantation or a farm cleared off for cultivation, and these generally lie along the railroad. Many localities in the South are made unhealthy by the annual upturning of the soil on the rice and cotton plantations, which Aiken escapes.

On the same railroad that Aiken is located, and at about one hundred feet elevation above Charleston, and at about an hour's ride from the city, is a place called Summerville, which has many of the advantages that Aiken has, yet the atmosphere is not so extremely dry, probably in part owing to its lower elevation, and in part to its greater nearness to the coast and the sea breezes.

One word with regard to my own personal "proving" of the climate of Aiken. I had been through the marshes and swamps that skirt the coast-line in North and South Carolina, Georgia, and Florida, had tramped about in rainy days in Savannah until my feet and clothing were almost saturated with water, and had almost recklessly exposed myself to the weather in order to see as much as possible while in the South, and, notwithstanding all this, I took no cold nor felt any ill effects until I reached Aiken. I left Augusta in the morning, perfectly well, and in about two hours was at the former place. I had been here but a few hours, when a coryza set in, with acrid drops of water running from my nose, accompanied with a smarting sensation in the nostrils, dull headache across the supra-orbital region, and dryness and burning in the throat supervened. A tingling in the tip of the tongue was also felt, together with some dryness of the skin, which, however, did not last long, for from the heat of the day a copious perspiration followed it.

I did not take any remedy, deeming the symptoms solely the result of the acclimatizing process that a healthy system is likely to feel from entering such a climate, for the climates that I had hitherto travelled in were much more nearly allied to our own than this, with regard to humidity. The cold improved as I came North, and passed away with a

dryness of the mucous membrane of the nose and fauces instead of the catarrhal symptoms usually following cold occurring here.

**ADULTERATED COFFEE.**—Artificial coffee beans are now made from a certain kind of green clay, and by roasting with the coffee they assume the brown coffee color. They are freely mixed up with the coffee, and thus an article worth about one cent per pound forms a very large adulteration of good coffee. This cheat can be detected by biting up some of the unground grains, when, if the mouth should become filled with mud, instead of the pleasant aroma of roasted coffee, you may know that it is a spurious article. Candy has for years been adulterated with a white form of clay called *terra alba*.

**SANTONINE ACCIDENTALLY PROVEN.**—An allopathic physician lately discovered the following symptoms after three grains of Santonine had been given: Vomiting soon set in, and ere long a rash came out over nearly the whole body, which resembled urticaria, with some swelling of the parts of the body affected. Some prostration likewise resulted, but no pains. The following day, fearing the symptoms might be due to other causes than Santonine, the doctor administered a similar dose. In a very short time the same symptoms returned; the vomiting was more violent, and a ridge or elevation of the skin appeared on the child's nose, surrounded by an erythematous blush, and in less than half an hour the whole face was œdematous, and the eyes nearly closed, and the lips enormously swelled and glistening from the serous effusions, while a viscid saliva issued from the lips. No other symptoms were noticed. The child was put in a warm bath, and the swelling and rash disappeared almost as speedily as it came.

Dr. J. K. LEE offered the following, which was unanimously adopted:

Any member of this Society failing to pay the annual fee within a period of six months following any *annual meeting*, after having been properly notified of his indebtedness by the Secretary, shall thereby forfeit his membership.

At 9 o'clock the Society, in accordance with the provisions of the By-laws, proceeded to the election of officers for the ensuing year, with the following results:

*President*, Jacob Jeanes, M.D.; *Vice-President*, O. B. Gause, M.D.; *Treasurer*, A. H. Ashton, M.D.; *Secretary*, Robert J. McClatchey, M.D.; *Scribe*, Bushrod W. James, M.D.; *Censors*, Mahlon M. Walker, M.D., Silas S. Brooks, M.D., Walter M. Williamson, M.D.; *Committee on Proving*s, Henry N. Guernsey, M.D., Augustus Korndoerfer, M.D.; *Committee on Prevailing Diseases*, Pemberton Dudley, M.D., Thomas Moore, M.D.

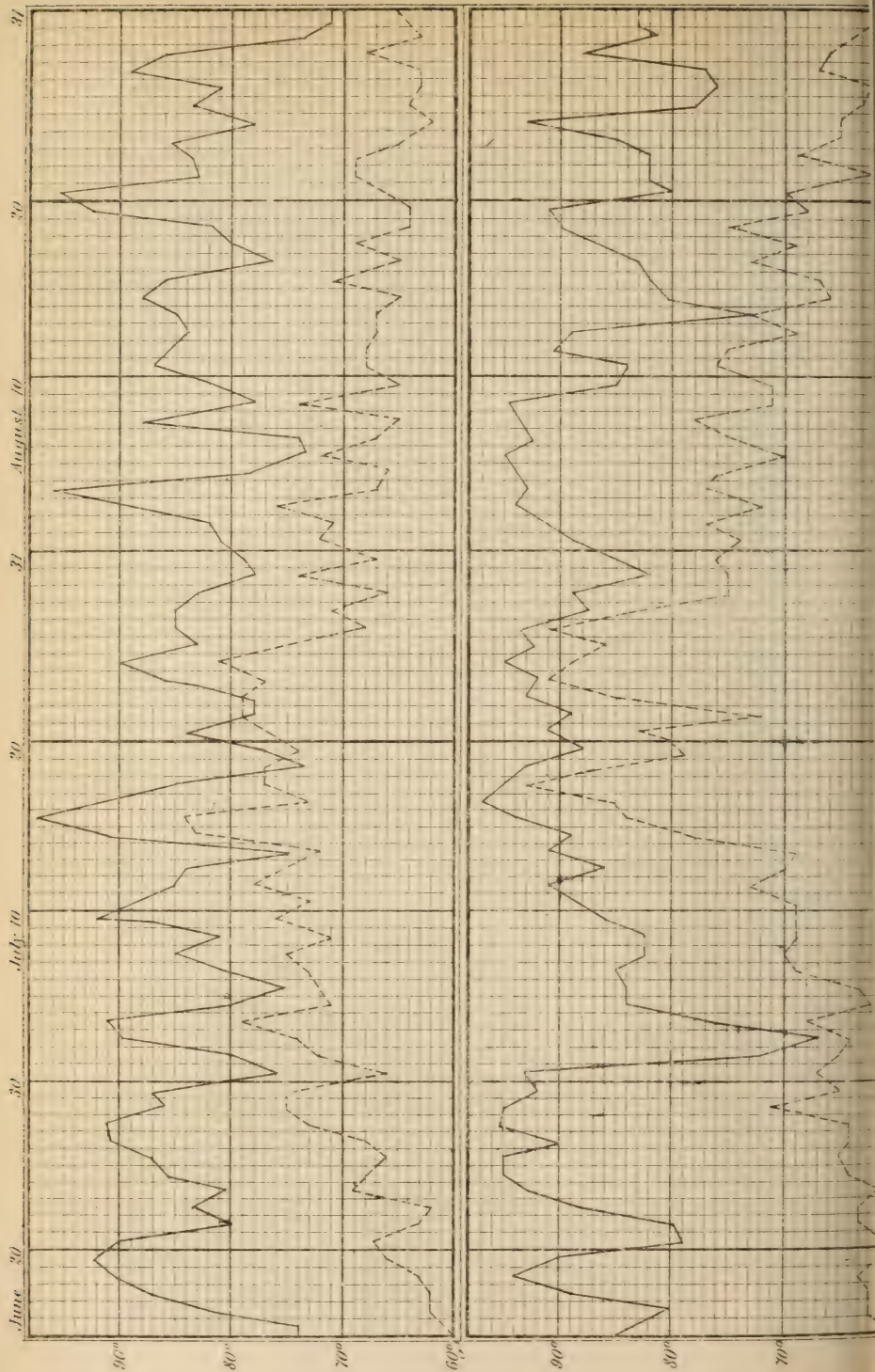
Dr. A. R. THOMAS then read a very interesting and valuable paper on "Heart Clots as a Cause of Sudden Death." [See p. 466.]

The thanks of the Society were tendered Dr. Thomas for his valuable contribution.

The Society then adjourned.







THE  
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INFANTILE MORTALITY.

EFFECTS OF AGE AND ATMOSPHERIC TEMPERATURE UPON THE DEATH-RATE FROM CHOLERA INFANTUM, IN PHILADELPHIA, ETC.

BY PEMBERTON DUDLEY, M.D.

(Read before the Philadelphia Homœopathic Medical Society, May 11th, 1871.)

IF one disease more than another merits the thoughtful and constant consideration of the medical profession, Cholera Infantum and the other diseases peculiar to infancy present strong claims to such a distinction, both on account of their very general prevalence and their frequent fatality. In some important particulars, aside from its medical aspects, strictly, the first of these differs from any other disease of equal fatality of which we have any knowledge. Cholera Asiatica, Small-pox, and Yellow Fever, may, perhaps, at times have demanded a larger holocaust, but their ravages are separated by considerable intervals and limited to comparatively narrow quarters. The Oriental Plague and the Black Death may have laid waste an empire or devastated a continent, but the refinement of the present age bids defiance to their terrors, and in all probability the past history of these terrific scourges will never be repeated. But each individual member of the rising generation, at least in this country, runs the



gauntlet of a disease attended with no such favoring conditions. Wherever and whenever in this country the atmospheric temperature attains to the requisite elevation, this disease manifests its fatal power. Every year it is prevalent; everywhere it is destructive. It carries its black besom into multitudes of homes, and sweeps its victims into the grave by thousands; seeming to abate little if any of its virulence with the advancement of civilization.

The medical profession has very properly recognized the necessity for special efforts to stay the progress of this malady, and the results of these efforts are seen in the improving methods and increasing success of its medical treatment. In the matter of its prevention, however, the progress has not been so rapid and satisfactory as could have been desired. There is a general impression among physicians, and among the masses as well, that a very large proportion of the cases of Cholera Infantum could be avoided by a knowledge of and a compliance with a few plain requirements of nature. Conceding the correctness of this impression, it may be that the grandest opportunity of our profession, in connection with this disease, will be found not so much in its cure as in its prevention. It is evident that whatever is to be done in this direction must be aided by the intelligent co-operation of parents, and requires that we ourselves learn, first of all, vastly more than we yet know respecting the causes and aggravating influences of this disease. It is very easy for a physician, speaking from the history of a few cases in his own practice, or perhaps from some medical tradition, or "old wives' fables," to attribute the disease to impure air, unripe fruits, unwholesome milk, &c., but to prove that any considerable number of cases arise chiefly from these causes is quite another matter. It is a sad fact that our means for accurately ascertaining the causes of disease are so exceedingly limited and so unreliable. Whatever opportunities we possess, however, for pursuing our researches

in this direction should be employed to the utmost extent. To aid in some slight measure in this work was the object of the labors whose results are set forth in the present paper.

It will be remembered that in the report on Prevailing Diseases, read before this Society at its meeting in September, 1870, I drew attention to the evident relation between the daily maximum temperature and the daily death-rate from Cholera Infantum. I was unable at that time to make my investigations as thorough as was desirable, and so they have more recently been renewed. At the same time it was thought desirable to ascertain, if practicable, what particular portion or period of infant life is most liable to the fatal influences of the disease.

The examination of the Register of Deaths in the Philadelphia Health Office, and the collection of data, have been conducted with a view to that end also. These records, while not perfectly accurate in many instances, are yet sufficiently so in most cases to answer the purposes of generalization. The searching of records was attended with a good deal of inconvenience, since the office is open only during those hours of the day in which the physician is able to snatch only rare and brief intervals from the exacting duties of actual practice. I must here acknowledge, however, the gentlemanly courtesy and kindness of the Registrar, Mr. George E. Chambers, who furnished me with every possible facility and encouragement.

Let it not be supposed that in the presentation of these data, the writer wishes to advance any pet notions or theories of his own. The primary object is rather to secure for this subject the consideration of his brethren, and any comments that may be made thereon will be more in the form of suggestions and inferences than of assertions or conclusions. Our facts are still too limited to warrant the formation of unalterable opinions. Let established facts be authoritative, but let men be modest.

In the diagram facing page 513, the *spaces* between the

vertical lines represent the days from June 16th to August 31st, inclusive, and the *lines* running horizontally represent the degrees of temperature, from 60 to 98, and also the deaths from Cholera Infantum from 1 to 38. The upper portion of the diagram is intended to exhibit the correspondence between the daily maximum temperature and the daily death-rate during the epidemic of 1869, and the lower portion that of 1870. The lines, \_\_\_\_\_ show the maximum temperature for each day, and the dotted lines, ..... show the mortality for each day.

On examining this diagram with some care, we shall observe the following facts:

1st. That there are marked and sudden fluctuations in the number of deaths from Cholera Infantum from day to day.

2d. That these fluctuations correspond very frequently with fluctuations of temperature—the increase of mortality occurring either on the same day as the increase of temperature, or on the day next succeeding.

3d. That these fluctuations are more marked about the time that the epidemic is at its height, than at any other period before or afterward.

4th. That there is a gradual rise in the daily mortality from the beginning of the epidemic, and a gradual falling off towards its close, which are not attended with a gradual increase and diminution of temperature.

5th. That occasionally a very great elevation of temperature occurs without being attended by a perceptible increase of mortality.

6th. That the period of greatest fatality occurs about the middle or latter end of July.

The correspondence between the increase of mortality and the rise of temperature does not entirely disappear at any time during the continuance of the epidemic. It will be perceived however, that slight changes of temperature are not always attended by any noteworthy increase in the death-rate, and there are times when the tempera-



ture on a given day rises to a very high point, without being attended with any marked increase in the mortality. It will be observed also, that such days have been preceded by a period of comparatively cool weather. This statement is strikingly illustrated on the 20th and 21st of August, 1869, and on the 24th, 25th, and 26th of June, and the 25th of August, 1870. This fact taken in connection with what we have already stated (prop. 4), that there is a gradual rise in the mortality rate from the beginning of the epidemic, until it attains its greatest energy, while the temperature remains nearly the same, would appear to indicate that a certain amount of hot weather is necessary to create a *predisposition* to the disease, and that when the predisposition is once developed, the high temperature of a single day acts as an *exciting* cause, or, at least, as an aggravating influence. And reasoning from these facts alone, we must not conclude that the *predisposition* induced by hot weather, is a mere debility, since if such were the case, we should find the greatest mortality towards the end of the hot weather, when this debility is greatest in degree and most extensively prevalent, which is not the fact, the records showing a steady decrease in the daily list of deaths, even though the temperature should remain above 90 degrees. Looking at all the facts, is it illogical to infer that cholera infantum requires for its development generally, a certain occult condition of the system which, when acted upon by a certain atmospheric temperature, continued for a longer or shorter period, induces a predisposition to the disease, and that children who are not previously in this occult state, are not liable to the disease at all, no matter what the temperature and its resulting debility may be.

Upon such meagre data as those in our possession, it would be hazardous to assert that the inferences we have drawn are correct. But if they are, it is eminently necessary that we ascertain, if possible, what are the signs or

symptoms of the condition which, under the influence of a high temperature, develops into a choleraic predisposition; and apply to such condition the proper remedial or hygienic treatment.

Having thus endeavored to show the effect of temperature upon the daily death-rate from Cholera Infantum, let us now see what is the influence of age in determining the question of infantile life or death.

*Table showing the number of deaths from Cholera Infantum, occurring in each month of Infant Life, from 1866 to 1870, inclusive, reported at the Philadelphia Health Office, between June 1st and September 30th of each year.*

| Age.     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | Total. |
|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
| 1866.    | 24 | 41 | 48 | 47 | 64 | 43 | 59 | 56 | 45 | 46 | 54 | 41 | 74 | 24 | 24 | 18 | 20 | 15 | 36 | 12 | 7  | 9  | 5  | 0  | 812    |
| 1867.    | 36 | 29 | 23 | 42 | 73 | 53 | 65 | 52 | 55 | 54 | 63 | 35 | 68 | 24 | 26 | 17 | 10 | 14 | 17 | 8  | 4  | 2  | 2  | 0  | 772    |
| 1868.    | 29 | 38 | 47 | 62 | 66 | 65 | 72 | 60 | 51 | 63 | 65 | 57 | 52 | 34 | 25 | 16 | 15 | 10 | 13 | 4  | 3  | 6  | 1  | 2  | 856    |
| 1869.    | 50 | 37 | 24 | 54 | 59 | 56 | 79 | 64 | 53 | 46 | 49 | 41 | 54 | 20 | 20 | 21 | 15 | 13 | 21 | 4  | 2  | 3  | 4  | 0  | 789    |
| 1870.    | 27 | 45 | 54 | 61 | 61 | 63 | 60 | 85 | 60 | 60 | 60 | 49 | 52 | 23 | 29 | 21 | 11 | 15 | 20 | 6  | 4  | 4  | 2  | 2  | 874    |
| Average, | 33 | 38 | 39 | 53 | 65 | 56 | 67 | 63 | 53 | 54 | 58 | 45 | 60 | 25 | 25 | 19 | 14 | 13 | 21 | 7  | 4  | 5  | 3  | 1  | 4103   |

These figures show that the disease may manifest itself at the earliest period of infantile life, or at any time, until the process of dentition is completed. The records of the office show scattering cases during the third year or even later, but we have included only those of the first and second years. Some medical writers say the disease rarely manifests itself before the 4th month, but our figures do not seem to confirm the assertion. The most fatal months are as follows, mentioned in the order of their fatality.

1866,—5th; 7th; 8th; 11th;      1869,—7th; 8th; 5th; 6th;  
 1867,—5th; 7th; 11th; 9th;      1870,—8th; 6th; 5th; 4th;  
 1868,—7th; 5th; 11th; 6th;      Average,—7th; 5th; 8th; 11th;

It appears that the 5th and 7th months are the most prominently fatal of all. The 11th month also shows a fatality greater than do the months immediately preceding or succeeding it. In 1867 and 1869, the 1st month

exhibits a greater mortality than the 2d and 3d. It will be observed that the 13th month *appears* to have been peculiarly fatal. This excessive fatality is only *apparent*, and is explained by the fact that many of these cases are recorded as being "aged one year," the exact number of months not being given. Many of these cases were doubtless 13 or more months of age, and should have been so recorded. So of the 19th month, which includes cases returned to the Health Office at "1½ years old," some of which were probably 19 or 20 months old.

It is interesting to note in connection with this table of mortality, that while the fatal effects of cholera infantum cease at the completion of the first dentition, they do not begin at the commencement of that process. The period of first dentition is generally considered as "commencing about the end of the seventh month, and continuing till the end of the second year." But we find the mortality from cholera infantum commences during the first days of infantile existence, and generally the disease manifests its most fatal power upon infants in whom the process of dentition, commonly speaking, has not yet commenced. Indeed we find on counting up our figures, that during the five years included in our table, 1752 out of a total of 4103 (nearly 43 per cent.) perished before the end of the 7th month. Then there is another interesting fact in this connection. One of our medical authors\* gives the following approximative statement of the periods during which the milk teeth pierce the gums: "Central incisors, 6th to 8th month; lateral incisors, 7th to 10th month; first molar, 12th to 14th month; canines, 15th to 20th month; second molar, 20th to 30th month." This statement *leaves out the 11th month* entirely, and on consulting our figures we find that *this month* is *more prominently fatal* than either the 10th or 12th. I do not know that this coincidence is of any special import,

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\* Dunglison.



but it is certainly interesting. The facts seem to throw the whole weight of their evidence in favor of the supposition, that so far as the process of dentition acts as a cause of Cholera Infantum, the influence of this process is connected not so much with the eruption of the teeth, as with their growth. And it may be that the development of the bony structures generally, which progresses so rapidly during this period, also exercises a material influence in the production of disease.

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PROVINGS OF LOBELIA COERULEA (*vulgo Syphilitica*).

(Communicated by C. HERING, M.D.)

BEGAN Sunday morning, October 25th, 1846, by taking 10 drops of the second dilution, took it twice a day for three days.

In half an hour had transient pain over the left kidney, and soon afterward in the left hypochondrium, hiccough, heavy pain in the radial muscles of the left arm, sensation of a lump in the upper portion of the œsophagus, dryness of the left half of the palate, pain on the left side of the head over the coronal suture.

*Afternoon.* Pain in the right maxillary joint and in the middle of the right lung, sensation of dropping under the left cheek-bone, drawing sensation under the right eye, pain in both mastoid processes, first felt and worst in the right one.

I took a second dose in the evening, and felt the same pains again in the head and left arm, and a similar one in the same part of the right arm.

*Cured.* Acid eructations from 5 to 6 o'clock, P.M.

Second and third day, acute pain along the fronto-temporal suture of the right side, increased quantity of urine with *free* discharge, three loose evacuations from the bowels. Dryness of the throat with the sensation as if the pharynx was open like a funnel. Smarting, itching of the internal canthus of the left eye.

Awoke at 6 o'clock (the 4th day) A.M. with violent pain

in stomach and pain and borborygmus in bowels, followed with copious evacuation of watery stool, with tenesmus and soreness in the anus; had four similar attacks during the day, and they became so violent that I took *Pod. pelt.* twice, which arrested the diarrhoea, and the pain gradually subsided during the evening, but the pain in the stomach with sensation of distension increased, with hunger. Woke at 3 o'clock, A.M., with flatulency, but inability to pass it from the bowels. Ineffectual effort at stool, but free evacuations of tasteless wind on rising from bed. Took *nux vom.*

Fourth day. Water brash at 8 o'clock A.M.

Fifth day. The jolting of an easy carriage gives pain in the stomach and both hypochondria; soreness of the eyeballs from turning them; boring pain in the right orbit; stiffness of the nape (worse on left side) from looking up; rheumatic pain over the right inner ankle; bleeding of the gums with putrid taste; rheumatic pain along the right collar-bone in the evening; sensation of coldness as if from the weather, with aching in both knees through the day; flushed face with heat when lying down. I suffered from dyspepsia thirteen years ago, and my sufferings now are of the same kind; they are temporarily relieved by drinking cold water.

Sixth day. Sore pain in the joints of the left big toe; drawing pain in the right cheek-bone; morning hoarseness connected with the state of the stomach; dyspeptic cough originating in the stomach; face flushed and headache after dinner, with drowsiness and lassitude, but inability to sleep when lying down; somewhat better going into the open air; pain under the left breast; restless sleep with frequent wakings through the night; headache continuing until daylight.

Seventh day. Dyspeptic symptoms continue, but they are much lighter.

Eighth day. Drank coffee for breakfast, which still further relieved the symptoms; cold sensation as if alcohol had been spilled on the outer portion of the left thigh.

It should be observed that I ate a dozen stewed and half a dozen raw oysters on the 3d (Tuesday) evening, and drank a bottle of sarsaparilla mineral water. On the 4th evening (Wednesday) I ate a small piece of *a la mode* beef at supper.

DR. W. WILLIAMSON.

October 24<sup>th</sup>, 1846. Dil.  $\frac{1}{10}$  gtt. x in Alcohol 90 formed  $\frac{1}{2}$ , of which gtt. 1 in Alcohol gtt. c. formed dil. 2, of which gtt. v. in Aq. 5ij., well stirred by shaking the tumbler, was slowly drank at 11 o'clock A.M.

Pain in the region of the left tonsil immediately ; pain about the junction of 6th rib, right, with its sternal cartilage, in 5' ; itching and tingling feeling in the left nostril, as if about to sneeze, in 7' ; constrictive feeling of the skin of mouth and tongue, especially at left commissure of the jaws, in 10' afterwards towards the root of the tongue ; continued itching in the left ear, about the posterior edge of the meatus, in 10' ; pain in the region of the left kidney, in 12' ; aching very considerable of the right shoulder and fingers whilst writing, in 15' ; confused feeling with slight aching in the head immediately, with frequent mistakes in spelling and writing ; pain in the region of the right tonsil, in 16' ; itching of internal canthus of left eye, in 16' ; heat of forehead and coldness of hands, in 20' ; sinking feeling in stomach followed by borborygmi below the epigastrium, in 21' ; aching pain in the cartilage of the sixth left rib, in 22' ; sticking pain in the left thumb, fleshy part last phalanx, in 20' ; pain in the fleshy part of the last phalanx of great toe, left, in 23' ; borborygni in lower part of abdomen towards the right side, in 25', 29', 32' ; stitching drawing pain in left anterior lumbar region of abdomen, in 21' ; pain in left side of chest near the axilla, with aching in the left shoulder and arm, in 28' ; stiff, numb feeling, in the palm of the right hand, in 29' ; stitching pain in left temple, in 30' ; burning in right eye, with a tear, in 31' ; itching in external canthus, in 33' ; stitch pain in region of right kidney, in 32' ; pain in left ear, in 34' ; great soreness, rawness, pricking, dryness of the lower surface of the palate, in 40' ; extending forward through the whole mouth, in 45' ; itching and smarting in the forepart of the urethra, in 45' ; soreness of the tarsi of the right eyelid, in 40' ; feeling of a foreign body under the upper lid of the right eye with smarting and burning, in 45' ; flashing of heat in the back, shoulders, and face, with burning of ears, in 45' ; stitching pain in left tibia, in 45' ; pains in both hips occasionally, in 20', and after several hours ; pain, acute, sticking, in 8th dorsal vertebra, in 50' ; stitching pain in right back, passing from eighth rib downwards, in 50' ; pains between shoulders and neck, both



sides, in 50'; (slight pain in region of the pylorus, in 55'); thick mucous secretion in throat, with diminution of the very unpleasant feeling of constriction, rawness, dryness, and soreness of throat, in 60'; pain in the lower part of the right tibia and in right ankle, in 65'; (pain in regio cordis in seven hours, about sunset severe); pain in the upper part of the heel of left foot, after two hours; pain on the inside edge of the right scapula, in ten hours; the soreness, &c., of palate, and the astringent feeling in the left side of the mouth, though abated after the mucous secretion at noon, still continue to be felt after eleven hours; perfect dryness of the lips and a feeling of dryness and sensitiveness of the nostrils, so that the inhalation of air of a moderate temperature (supposed 60°) creates a slightly painful feeling, in two hours, also 2d day. A small quantity of urine, which he is obliged to retain for some time, causes pain in the bladder; when evacuated of a deep amber color, noon 2d day; painful irritation of both sides of the cartilaginous portion of the septum nasi, worse immediately behind the columna nasi, sensitive to the cool air, 2d day; borborygmi just below the epigastrium, most after dinner for hours, 2d day; (itching here and there on the skin, worse than usual 1st day).

A renewed secretion of thick mucus in thirty-six hours, apparently on the superior surface of the palate, removed by snuffling and hawking, with still further diminution of the soreness of the throat. About an hour afterwards, at sunset, frequent sneezing, with severe and painful jarring in the breast and larynx; the latter feels as if it was stretched almost to bursting, with copious discharge of thick mucus from both nostrils. (Evening 2d day.)

About two hours after the sneezing, much tickling about the top of the larynx, with disposition to hacking cough. (Evening, 2d day.) Slight mucous expectoration. (Evening, 2d day.) Pains in the abdomen, most below the umbilicus, followed by diarrhoeal stools in the afternoon and evening of the second day. Pain, heavy, aching, in the back under the false ribs, worse at night after lying down in bed, and increased to a cutting pain by deep inspiration, and aggravated by turning in bed. Pathogenetic third and fourth nights, and in the days, but less.

J. JEANES.

*Cured in a Number of Cases.*

Oppression in the lower part of the chest, as if the breath did not reach there; distress in the region of the heart, and audible knocking respiration; the pain under the short ribs, back; dry cough. (What is here termed the knocking respiration, the patient compared to the sound of an axe in chopping wood.)

In A.'s case, the pain in the back was accompanied by dryness in the back part of the throat, hacking dry cough of four weeks' duration, extremely troublesome day and night, and pain in the right side about the junction of the sixth rib with its cartilage, of a year's duration, imperfect sleep, coated tongue, loss of appetite; in twelve hours return of appetite. Removal of the pain in the back, which had lasted for a week, cough greatly diminished, good sleep. Next day throat moist, but showing red elevated spots; gave Aurum and Hyosc. The following night, from disturbing circumstances, increase of cough and pain in the right side; very much discouraged; Lob. c. 33. Next day much improved. *The pain in the back did not return.*

In N.'s case.—Patient of a phthisical habit and family; had intermittent; treated with Calomel and Quinine; in three weeks relapse; treated with Nux, 30, which removed the intermittent and accompanying symptoms. In two weeks return of tightness at epigastrium. Nux again with relief. In three or four days slight chill and fever, pain in left hypochondrium; Magnes. sul., 6, with relief. Next day pain in the eighth dorsal vertebra, and in the back under the short ribs. The pain increased by deep inspiration and by movement. Lob. c., 5 in the evening, removed these pains. Next day slight chilliness and fever, violent stitching pain under the third and fourth ribs near their junction with their cartilages. Anisum stell. 30 in the evening; by 4 o'clock morning removed, after which a comfortable sleep. In the morning slight chilliness and fever, pain, tenderness, and tightness across the umbilicus, with beating headache in the temples, aggravated by noise; Belladonna. Next day headache removed, but slight pain about the umbilicus, no chill or fever. Pale and weak. *No return of pain in the back.*

J. W. B.—Nov. 6. Lob. c.,  $\frac{1}{3}$ , without marked result. Nov. 7. Lob. c.,  $\frac{4}{5}$ —3, followed by general aching through the head, and cutting pains in the back under the false ribs, cutting forwards and upwards. Did not notice the pain after going to bed. Nov. 13. Lob. c., 5, after which pain in left parietal protuberance, and just anterior to the cartilaginous margin of the short ribs. The former in an hour, the latter in an hour and a half. Nov. 15. Lob. c., 2, gtt. v, aq.,  $\frac{5}{16}$ . JEANES.

5 drops  $\frac{1}{16}$  Lob. c., 4 o'clock, P.M.

Soon after, a dull aching pain in the forehead, over the eyes, principally over the root of the nose in the centre, lasting, with slight intermissions, until the evening.

Frequent shooting pains through the teeth on the right side (she is subject to these pains).

Slight aching pain from the back of the head down the nape of the neck.

Gtt. 10 in water, half-past 9 A.M.

Fifteen minutes afterwards, a heaviness over the eyes like a weight, but no pain.

Oppression over the eyelids, and slight drowsiness.

11 o'clock. Dull pain in the forehead over the eyes, increased by reading or writing. The pain less violent than the day previous.

Evening, 10 o'clock, took gtt. 10.

In ten minutes increased secretion of mucus from the throat, slight aching over eyes, particularly left eye.

From ten drops  $\frac{1}{16}$  Lob. c.

Five minutes after taking medicine, oppression in the forehead over eyes, dizziness, particularly in moving about, lasting three hours.

Pricking or stinging in the soles of both feet, sensation as if asleep. Pain in the back.

#### *Curative:*

A pain commencing the right side of the small of the back, then going down to os ischium, very sore to touch.

Great rigidity of the spine, least motion exceedingly painful. The pain goes from the right to the left side of the back, and shoots down the legs. He is unable to walk. He was greatly improved and relieved by *Lobelia c.*

C. NEIDHARD.



## BUFO.

(Translated for the *Hahnemannian Monthly* from the *Journal du Dispensaire Hahnemann*, Bruxelles, Dec. 18th, 1866, and following numbers.)

BY ADOLPH LIPPE, M.D.

THERE already exists an admirable work by Dr. Desterne on the poisonous and medicinal properties of the common toad. While we acknowledge the merits of this work, which appeared in the "*Journal de la Société de Médecine Homœopathique de France*," in July, 1859, we consider it also a duty to publish the following pathogenesis, which far from injuring will rather complete the two studies.

A very important point in medicine assuredly is, the power of understanding well the similitudes as well as the dissimilitudes which appear between diseases as between remedies, also between remedies and diseases, inasmuch as from this knowledge depends at once the exactness of diagnostics and the safety of therapeutic applications.

We know that Cubebs is analogous with Mercury. We shall now see that the poison of the toad is in many respects analogous with piper cubeba. But yet, while these relations are of another nature, and have nothing foreign in them, since all substances have some points of resemblance more or less marked, they do not prevent essential differences; and whilst the two medicines in question agree in many of their symptoms, they are far from resembling each other in their action, and not only the morbid generalities and cases which they oppose are not always the same; for whilst piper cubeba and mercury have, so to speak, the basis of their action in the circulating system, the poison of the toad is established in the vegetative system. If there is a type of medicaments analogous, it is in the salts of lime, and long is the list of substances with which it can be compared.

We give the

*Symptoms.*

- 1 Sadness with disgust and apprehension.  
Great susceptibility of temper.  
Irritable and weeping for the least trifles.  
Excessive anguish.
- 5 Anxiety about the state of health, fear of death or sorrow.  
Changeable humor, taciturnity, hypochondriac.

- Defiance, duplicity, rancor.  
Dislike for conversation.  
Aversion to strangers.
- 10 Wish for solitude, and yet a dread of being alone and of dying forsaken.  
Fear of catching diseases.  
Impatience and ill humor.  
Great disposition to be easily frightened; a bird or insect flying by causes a start.  
Fear of animals.
- 15 Anger, with desire to beat and destroy.  
Attacks of anger, which cease before any one.  
Dejection, laziness, distaste for occupation, or if busy it is mechanically.  
Distraction; want of memory.  
Weakness of intelligence.
- 20 Great difficulty in collecting the ideas.  
Taking one word for another; often half-pronouncing the word, and showing irritation when not understood.  
Desire to become intoxicated, and pleasure in being in that state.  
Idiocy, mania, furious insanity.  
Sensation of a hot vapor ascending to the top of the head.
- 25 Vertigo, with tottering, and requiring support.  
Alternate movements of traction and relaxation in the temples.  
Sensation of a great weight on the head, with lancinating pains in the sinciput and eyes.  
Shooting in the temples, with contraction of the throat.  
Great heat in the interior of the head, feeling as if the brain were boiling up.
- 30 Neuralgic pains going all over the head, affecting the eyes and the nape of the neck.  
Headache, sometimes on the right, sometimes the left side.  
Irradiating pains in the head and maxillary sinuses.  
Shooting and pricking in the brain.  
Heaviness, and weight in the head, requiring support.
- 35 A feeling of hammering knocks at different parts of the head, with commotion of all the brain.  
Pressure in the temples, like two iron hands holding tight the head.

Cephalalgia, with vertigo, trembling all over the body, dimness of sight, eructation, nausea, and vomiting.

Pressing and throbbing pains in the head, heaviness in the forehead.

Sanguine congestion, with pungent pains in the brain.

- 40 Very painful cramps felt from the head to the cheeks and *vice versa*.

Lancinations in the back part of the brain which inclines the head to fall backwards, fainting and falling, tonic and clonic spasms, turgescence and distortion of the face, convulsive agitation of the mouth and eyes, bleeding salivation, involuntary emission of urine, frequent jerks all over the body, the motion of the legs much more violent than the arms, a heavy sweat covering the face.

After the attacks, imbecility, palpitation of the heart, general depression, trembling in the limbs, spasmodic movement of the intestines, colic and pains extending to the groins.

Sensation of tossing, as if a heavy ball was in the head.

The head feels benumbed, with intoxication and somnolence.

- 45 The head feels full of water.

Pressing and contractive pains inside of the head.

Heavy cephalalgia, stupefying, as though the scalp and ears were burnt with an acid.

Shooting from the interior of the head to the forehead and eyes.

Pains aggravated from the cold air and walking.

- 50 Sensation of chilliness and vibration of the head, accompanied by fluent coryza.

Semi-lateral cephalalgia, with nausea, depression, and wish to remain lying, particularly in the evening.

Hammering pains from the superciliary arches to the back part of the brain.

Pulsative and lancinating pain as from an abscess in the head.

Excessive headaches after spirituous drinks.

- 55 Great sensibility of the scalp.

A feeling of separation in the cranial bones.

Disposition to cold in the head.



- Frequent and oily perspiration of the head, mostly at evening.
- Burning, itching, and quivering of the scalp.
- 60 Sour and disagreeable odor of the hair.
- Phlyctenoid eruption, thick and purulent scabs on the scalp.
- Insupportable itching at the nape of the neck.
- Change of color and decay of the hair.
- Complete baldness.
- 65 The eyes feel full of gravel.
- Inflammation of the eyes and lids.
- Considerable weeping (epiphora).
- Photophobia.
- Lancinating and drawing pains in the eyes.
- 70 Continual winking.
- A feeling as of cold water received on the eyes.
- Swollen and burning eyelids.
- Ulceration of the eyelids.
- Great scabs on the eyelids.
- 75 Loss of the eyelashes.
- Drawing in the eyes, with obscurity of sight.
- All objects appear crooked.
- Burning pains at the angle of the eyes, with ulceration and suppuration of the parts.
- Convulsive beating of the eyelids.
- 80 Pressing and crampy pains in the eyes, with dazzling and vertigo
- Dilated and seemingly vacillating pupil.
- Myopia.
- Cannot bear the sight of brilliant objects.
- Reflective red and white pupils.
- 85 Ulcers on the cornea.
- Muscae volitantes before the eyes.
- Far-sightedness.
- Sensation of burning heat in the ears.
- Crampy pains inside of the ears.
- 90 Shooting and boring in the ears like the presence of a strange object, or foreign body.
- Pulsative pains in the right ear, with a sensation of hot water escaping from it.
- Cracking, roaring, and tinkling in the ears.
- Palpitations of the heart resounding like the beat of a drum in the ears.
- Great delicacy of hearing.

- 95 The least noise is disagreeable, music even is unbearable.  
Attacks of deafness.  
A purulent running from the ears.  
A feeling as if the auditory canal was stopped up with concretions.  
Ulcers and abscesses in the ears.
- 100 Contact from water aggravates the suffering from the ears.  
Hardness of hearing; words particularly are heard and understood with great difficulty.  
The pains from the ears often coincide with those of the eyes and head.  
Inflammatory swelling of the ears and parotids.  
Exfoliation, ulceration, suppuration, and bleeding of the pavilion of the ears.
- 105 Herpetic eruption back of the ears, with insupportable itching.  
Distending pain in the ear, like an insect trying to force through.  
Pressure made on the submaxillary glands calms the inward pain of the ears.  
Excrescences like warts at the ears.  
Tumefied and scabby ears.
- 110 Coryza, with sensation of the nose being crushed.  
Heat and great itching in the nostrils; constant desire to bore in the nose.  
Burning, lancinating pain in the nose going to the forehead.  
Ulcerated nostrils, as if they had been burnt.  
Epistaxis, principally morning and evening.
- 115 Loss of smell.  
Nasal hemorrhages producing almost faintness.  
Coryza with great dryness of the nose.  
The cold air breathed seems to corrode the nostrils.  
Fluent coryza, with frequent sneezing.
- 120 Running yellow mucosities, greenish, grayish, and of putrid odor, worse in the evening after being in the air.  
Beating, gnawing pains in the bones of the nose.  
The nose swollen, red, and covered with pustules and pimples.  
Pale face, yellow or grayish.  
Face in places white and pale, or red and gray.

- 125 Thin, bony face, with eyes big, red, or deep set, and black around.  
Water and moisture disagreeable to the face, causing pricking.  
Much itching at the cheeks.  
Face red as after a vapor bath.  
Pimples on the cheeks (subcutaneous).
- 130 Eruptions like small furuncles on the cheeks and neck.  
Speech difficult, embarrassed, incomprehensible.  
Pustular, red, and very painful pimples on the forehead.  
The skin of the face tanning, easily excoriated and ulcerated.  
Inflammation and puffiness of the face; the eyes seem lost in their orbits.
- 135 Scabs and cracks in the face.  
*Acne rosacea*.  
Great sensitiveness of the skin and bones of the face.  
Lancinating pains in the face, with a feeling of breaking in the bones.  
Throbbing and heat in the face like having been too near a fire.
- 140 Inflammation, swelling, and caries of the bones of the face.  
Acute herpes of the face, eczema.  
Great quantity of constantly renewed squamous eruption, with insupportable itching.  
Contracted lips, dry, chapped, bleeding, very painful.  
Pellucid vesicle containing serous fluid on the lips.
- 145 Herpetic ulcerations at the commissures of the lips.  
Lips swollen, big, hanging.  
Mouth burning as if from an acid.  
Abundant saliva.  
Erysipelatous inflammation of the whole mouth.
- 150 Cold liquids aggravate the pains in the mouth.  
Phlegmonous erysipelas in the face.  
Tongue thick, hard, and full of small burning pimples.  
Frequent biting and bleeding of the tongue.  
Desire to drink and moisten the tongue although covered with saliva.
- 155 Large pimples like abscesses under the tongue, with great difficulty in eating.  
Tongue cracked, and often with a bluish tinge.



- Chapping and exfoliation of the sides of the cheeks.  
 Briny and bloody taste in the mouth.  
 Shooting pains, boring and searching in the teeth,  
 excited by cold air, and changes in temperature,  
 and by motion.
- 160 Drawing pains in the teeth, with contraction of the  
 jaw and compression of the teeth.  
 Odontalgia principally evening and night.  
 Swollen gums, bleeding very easily.  
 Defluxion, abscess of, and ulcerated gums.  
 The teeth seem longer and vacillating.
- 165 Teeth decay and break easily.  
 They seem to go into the gums when eating.  
 Sensation of excoriation and shooting pains in the  
 throat.  
 Convulsive and constricted motion in the throat, with  
 sensation like a stone there.  
 Accumulation of much viscous mucosities in the  
 throat; habitual taste of blood.
- 170 Inflammation and swelling of the throat and tonsils.  
 Difficult and painful deglutition, can scarcely swallow  
 the saliva.  
 Throbbing pains like from an abscess in the tonsils.  
 The air passing through it seems impregnated with  
 a corrosive acid.  
 Desire to be continually snorting.
- 175 Mouth filled with thick mucus.  
 Respiration wheezing, difficult, rattling.  
 Membranous productions in the larynx.  
 Compression of the larynx with great difficulty of  
 breathing.  
 Pulsating, shooting pain, and excoriation of the larynx.
- 180 Ulceration and tubercles in the larynx.  
 Burning and bleeding fissures in the larynx, with  
 quick, jerking, and suffocating cough.  
 Hoarseness.  
 Great quantity of mucus filling the larynx and  
 bronchiæ.  
 Quick cough, caused by a continual tickling in the  
 larynx.
- 185 Hollow, deep cough, with painful shooting, particu-  
 larly to the left side of the thorax.  
 Loose cough, principally in the morning on awaking

and in the evening, with cold sensation, then great heat and congestion.

Dry cough, with burning in the larynx and chest.

Violent cough, almost causing vomiting.

Abundant expectoration, frothy, whitish, yellow, grayish or greenish, and purulent.

- 190 Cough, with mucus and bloody or entirely bloody expectoration.

Cough after meals or from any emotion.

Clear, viscous expectoration often without cough.

Sensation of contraction in the trachea, and heaviness in the chest.

Difficult and laborious breathing.

- 195 Very bad-smelling breath, in the morning particularly.

Sharp stitches in the chest which checks breathing.

Oppression of the chest, with beating of the heart, particularly when walking a little fast or in going up stairs.

Burning heat in the chest like a furnace.

Dyspnoea with impossibility to remain lying; obliged to sit or bend forward to breathe.

- 200 Cutting pains in the chest accompanied with tickling and pricking.

Hoarse cough, with a feeling of tearing in the chest.

The lungs always seem to need air.

Attack of paralysis of the lungs and suffocation.

Weakness of the chest with a feeling of falling over.

- 205 Granulation and tubercles of the lungs.

Cannot keep quiet, constantly agitated, although motion aggravates the sufferings.

Inflammation and suffering of the lungs, particularly on the left side, with sharp and fatiguing cough.

Heat is agreeable; always a cold feeling, particularly in the limbs.

Violent itching, seeming to come from the lungs, and often changing its place in the chest.

- 210 Obligated to stay bent, first on one side then on the other, to calm the pains.

Irritable, preoccupied, with ill health, great dread of death.

Desire for sweetmeats, acid fruits.

Continual taste of blood in the mouth.

A feeling of scratching and heaviness in the heart.

- 215 Lancinating and drawing pains in the region of the heart like something distending it.  
Shaking and searching at the cardiac region, with great oppression, particularly in the evening, after the meals, and from motion.  
Trembling at the heart.  
Pains like the sticking of pins at the point of the heart.  
Obliged to press the region of the heart to soften the pain.
- 220 A feeling of rumbling and numbness, which commences at the cardiac region and afterwards extends all over the chest.  
Whistling breathing.  
Feeling as if the heart was very large and drowned in a basin of water.  
Palpitations of the heart, sometimes hurried, sometimes slow, intermittent, and irregular.  
Bitter taste, acid, bloody, insipid, coppery, salty, strong, or oily mouth.
- 225 No appetite, but thirst.  
Extreme hunger, even after eating, in the evening particularly.  
Insipid and disagreeable taste of food, particularly in the morning.  
Burning heat in the stomach immediately after eating.  
Disgust for salted and warm food.
- 230 Very hard to please in the food.  
Strong odors, particularly tobacco, are sickening.  
A desire for milk, sweetmeats, even brandy, to remove the unpleasant taste of the mouth.  
Desire to be in the country and to feed upon green food.  
Sweetened water and milk cause belching and nausea.
- 235 Frequently in the morning, hunger after eating.  
Heat and drawing in the stomach going to the back, with scratching in the epigastric region.  
Shooting, contraction, and shaking in the stomach.  
Empty sensation in the stomach, also heat and cold alternately.  
Fulness, heaviness, and bloated stomach.
- 240 Pricking and sensation of nibbling in the stomach.  
Frequent hiccough.  
Incessant eructations evening and morning.



- Bitter, sour, and sickening eructations.  
Phlegm followed particularly in the morning with bitter and bilious vomiting.
- 245 Difficult digestion, particularly of food taken in the morning.  
Vomiting and pyrosis after each meal.  
Cramps in the stomach, checking digestion.  
Nausea with sensation of intoxication, particularly morning and evening.  
After eating, always a sensation of being intoxicated.
- 250 Abundant phlegm noticeable particularly in the afternoon, and seems to give relief.  
A feeling of weakness and faintness at the stomach.  
Continued emaciation although eating with appetite.  
Nausea with heaviness and pressure in the epigastric region.  
Vomiting almost immediately after eating.
- 255 Vomiting of food, bile, and slime, with a taste of blood in the mouth, and drawing and cramping pain in the stomach and abdomen.  
Pain in the stomach, with burning and lancinating pains irradiating to the liver and heart.  
Vomiting with desire to stool.  
Vomiting after the meal, particularly in the afternoon.  
Yellowish, greenish vomiting, or of matter streaked with blood.
- 260 Wine aggravates the sickness at the stomach and causes vomiting.  
Bluish vomiting, sometimes pure blood.  
Burning, crampy, pinching pain in the stomach.  
Burning at the stomach, particularly after eating.  
Cramps in the stomach from the least motion.
- 265 Great sensibility of the epigastric region.  
Sensation of boring and gnawing accompanied with neuralgic pains of the liver and stomach, particularly at night.  
A sensation of scratching and excoriating in the stomach, like stones forcing themselves into the cardiac region.  
Pulsating pain with swelling and tearing in the liver.  
Burning and contraction in the region of the liver.
- 270 Every movement of the body increases the pains in the liver.

- Cramps in the liver, which incline one to twisting oneself and screaming.
- Pulsating and lancing pain in the liver like an abscess, accompanied with bilious vomiting.
- Continued necessity for change of position.
- Inflammation and swelling of the spleen with pressing and pulsating pain, continual ineffectual urging to stool, constipation, and inclination to fright.
- 275 Distension of the abdomen, with heat and shooting on the left side particularly.
- Great heaviness in the abdomen; the intestines feel as if they were pressed and crushed.
- Cramps in the intestines, which seem to twist and knot.
- A feeling as if cold drinks went through the intestinal tube in all directions.
- Inflammation of the intestines with distending pain; abdomen distended, colic and diarrhœa.
- 280 Tensive pains and painful weariness of the abdomen, extending to the hip.
- Violent colic, with convulsive movement of the limbs and jaws.
- Colic with tearing of the intestines, borborygmus and flatulency, often raising the intestines to the stomach.
- Great sensitiveness of the abdomen, the least pressure occasions sharp lancing.
- Enlarged and hard abdomen.
- 285 Encysted tumors of the mesentery.
- Swelling of the inguinal glands.
- Constipation; frequent desire to stool without success.
- Difficult and hard stool.
- Frequent stools a day.
- 290 Diarrhœic stool, sometimes involuntary, with burning in the abdomen, mostly in the rectum.
- Diarrhœic stools, with tenesmus and fatigue.
- Bloody diarrhœic stools, sometimes followed with very liquid whitish stools.
- Yellowish diarrhœic stools mixed with dark matter.
- Brown stool with very bad odor.
- 295 Diarrhœa, often accompanied with sickness of the stomach.
- Aqueous diarrhœa, with abundant emission of urine; insatiate hunger.

- Mass of serosities, as in (peritoneal) dropsy, in the hypogastric region.  
Burning of the intestines, similar in effect to an eruption.  
Round and long intestinal worms.
- 300 Erysipelatous swelling of the anus.  
Blind hæmorrhoids, with great pain.  
Frequent expulsion of hæmorrhoidal pimples, very painful.  
Hæmorrhoids with flow of blood, sometimes with purulent matter.  
Prolapsus of the rectum even without stool.
- 305 Itching and burning at the anus.  
Excoriation between the nates and thighs.  
Great heat, contraction, searching in the loins.  
Distending pains, with feeling of swelling and discomfort in the loins.  
Piercing pains, fatigue in the loins, obliged to lie on the back to be relieved.
- 310 Throbbing and shooting pains in the kidneys, accompanied with hæmaturia.  
Colic of the kidneys.  
The bladder feels swollen, with continual desire to urinate.  
Soft concretion in the kidney and bladder.  
Urine too frequent.
- 315 The urine is troubled and grayish.  
After each passage of urine, painful stitches in the kidneys and bladder; weakness and dejection.  
Whitish urine, with chalky sediment.  
The urine is full of slimy mucus.  
The neck of the bladder seems obstructed by polypus.
- 320 Sharp cutting pain, like from the blade of a knife, all along the urethra, requiring continually the touch of the hand,  
Great heat in the urethra particularly after urinating.  
Penis swollen, red, and burning.  
Abundant yellow and grayish mucus running from the urethra, with languor and weakness in all the lower part of the body.  
Erections almost null.
- 325 Ulceration in the urethra and in the urinary canal.  
Burning pains in the prepuce.  
Syphilitic pimples on the glans penis.



- Extremely burning miliary eruption on the penis, also the pubis and scrotum.  
 Pains in the testicles, as if pulled and twisted, and at other times as if they would enter into the abdomen.
- 330 Inflammation of the testicles ; they feel as if a tumor was forming.  
 The least motion aggravates the pains of the genitals.  
 Pimples of a tuberculous appearance at the scrotum.  
 Atrophy or hypertrophy of the testicles.  
 Complete absence of venereal desire.
- 335 Obstinate impotence.  
 Aversion to coition.  
 Quick ejaculation, without pleasure, sometimes with spasms and painful weariness of the limbs.  
 Frequent nightly pollutions, and followed by weakness.  
 Increase of venereal appetite.
- 340 Slow ejaculation, or failing altogether.  
 Desire for solitude, to give oneself up to onanism.  
 Inflammation and swelling of the inguinal glands.  
 Enormous serofulous buboes on the groins.  
 Sensation of burning heat and of points in the ovaries.
- 345 Swelling and great sensation in the region of the ovaries.  
 Hydatid ovaries.  
 Violent cramps in the region of the ovaries irradiating to the inguinal regions (or groins).  
 Inflammatory swelling of the womb.  
 Distending and burning pains, or crampy, searching, and gnawing pains in the womb.
- 350 Sensation as if something separated from the uterus and ascended to the stomach, with nervous and spasmodic agitation.  
 Hard tumor and polypus of the uterus.  
 Sharp shooting pains in the womb as if caused by a stiletto.  
 Aggravation of the uterine sufferings, principally in the morning, or on walking or sitting too long.  
 Menstruation before the time and too abundant.
- 355 Menstruation with flowing of blood in clots, or very liquid and pale.  
 Before menstruation, headache, desire to vomit, colic, itching, and burning in the uterus and vagina.

During the menstruation, contractions in the hypochondria, pains in the liver, palpitations of the heart, shivering all through the body, but particularly in the legs, great venereal desire, shootings in the splenic region, weariness, weakness, and general malaise.

After the courses, heaviness and bad humor.

Flowing of blood between the menstrual periods.

360 Menorrhagia.

Gripings and uterine contractions resembling labor pains.

Difficult, painful, and tedious accouchement.

Disposition to miscarry.

Ulcerations and fissures in the os tinæ.

365 Itching of the vulva often causing pollutions.

Scabby, burning, and sweating purulent eruptions on the vulva.

Before and after the courses, leucorrhœa, yellowish, thick, whitish; like cream, or like water in which meat has been washed.

Leucorrhœa appearing principally in the evening, with colic, burning in the epigastric region, and general cramps.

Purulent and offensive-smelling leucorrhœa.

370 Sensation as if the breasts were torn towards the belly.

Inflammation and swelling of the breasts.

Obstruction of the breasts. Milk vitiated and often mixed with blood.

Large abscess forming purulent sinuses in the breasts.

Little indurated nodosities and tumors like scirrhotities in the breasts.

375 Piercing, lancing, digging, crampy, pinching, and gnawing pains in the mammary and axillary glands.

Sensation of drawing and of trembling of the skin.

The skin appears drawn to the point of cracking.

Skin, burning, red and crimped in different places.

Insupportable itching succeeded by smarting all over the body, and which is aggravated in the open air.

380 Sensation of tickling of the skin, as if insects or a quill-pen were passing over it.

Miliary and urticarial eruptions.

- Large quantity of nodosities like subcutaneous tubercles.  
Small white pimples which only last a day.  
Pimples like small furuncles.
- 385 Very unhealthy skin, excoriating and cracking very easily.  
Eruptions resembling the itch, lichen, and prurigo.  
Phyletæna and pemphigus.  
Furfuraceous herpes, humid, crustaceous, and of a yellow tint.  
The sufferings of the skin are principally aggravated in the evening and night.
- 390 Much dandriff and scales on the hairy scalp, also all over the body.  
Skin moist, humid, or dry and stiff like parchment, and changing at every change of temperature.  
Skin greenish and looking dirty and oily, or having a yellow tint like jaundice.  
Skin bloated and shrivelled, or loose and flabby.  
Erysipelatous eruption on various parts of the body.
- 395 Phlegmonous erysipelas, which leaves the features of the face deformed.  
Furuncles and abscess.  
Malignant tumors with erysipelatous disposition.  
Great desire for sleep, particularly in the morning after eating, or after having been in the open air.  
Want of sleep in the evening, and at night.
- 400 Paroxysms of sleepiness coming on after having eaten, and in the afternoon.  
When in bed, cramps; itching in all the limbs, and neuralgic pains, particularly in the head, which cause anguish and prevent sleep.  
Lying on the back increases all the sufferings, and one is obliged to lie on one's right side or on the stomach to be able to sleep.  
Drowsiness with agitation and inability to sleep; one constantly turning in bed.  
Sleep very heavy, with congestion to the head.
- 405 Sleep tardy, or prolonged too much in the matin, with dreams; night-mare and great fatigue on waking.  
During the sleep, excessive perspiration, particularly towards matin.



- On waking, stiffness of the neck, arthritic pains, and aggravation of all the sufferings.  
 Sleep agitated with waking with starts, frights, and palpitation of the heart.  
 Dreams numerous, fantastic, and nearly always frightful.
- 410 Dreams of travels, projects, and greatness.  
 Sleep with talking, cries, and groans, and waking with sobs.  
 Insufficient sleep, waking too early in the morning.  
 Obstinate cold in bed at night.  
 Waking sad or very joyful.
- 415 Bad humor on sleeping in the evening, also on waking in the morning.  
 On waking, great lassitude and desire to sleep, as if one had not slept.  
 Fever.  
 Alternation of cold and heat rising like waves from the inferior part of the body.  
 Cold and shiverings, with moisture of the skin, and nervous and trembling excitement.
- 420 Sharp heat, with head embarrassed; burning of the neck, in the throat and chest; pulse increased; great thirst.  
 Abundant perspiration, accompanied by weakness, often with unhealthy appetite.  
 Aggravation of the fever in the evening, night, and sometimes in the morning.  
 Daily afternoon fever with great weakness.  
 Fever with shivering, exaltation of muscular force, and delirium, principally in the evening.
- 425 Heat and burning all over the body, accompanied by passing shiverings.  
 Tertian fever, with general weakness, great hunger and thirst.  
 Pulse hard, frequent, irregular; much more increased and agitated in the evening than the morning.  
 Night sweats, particularly on the head, the chest, and the back.  
 Debilitating sweat and sour smell, chiefly in the morning in bed.
- 430 Abundant perspiration in consequence of the least exercise.  
 The body is nearly always wet with perspiration.

General feeling of heat and swelling, followed by oppression and icy coldness of the whole economy.

Uneasiness all through the body, with great moral and physical agitation.

Uneasiness and weakness particularly in the morning, with impossibility of leaving the place where one is sitting.

- 435 Sufferings showing themselves chiefly morning and evening, and aggravated by great heat, the wind, by too substantial food, meat, by smells and strong drinks, dampness and working in the air.

Pains sometimes in the right, and sometimes in the left, but rarely in two sides at once.

Cold, shiverings, tremblings and vertigo, particularly on going into the open air.

Desire to move about and take gymnastic exercise in the evening.

Constant feeling of inebriation.

- 440 Inflammations and sanguinous congestions, particularly in the throat, head, and chest.

Prickings and torpors in different parts of the body.

Cramps and shiverings in the limbs.

Epileptic convulsions in the evening, the night, and sometimes in the morning, also at the time of the new moon.

Fainting fits, immediately after meals, and in the evening.

- 445 Great fatigue and profuse sweat after the least exertion.

Fits of nervousness with laughing, and crying both at once.

Swelling and redness all over the body, as in general erysipelas.

Falling away of the flesh, and enlargement of the belly.

Obesity.

- 450 Great sensibility to the cold air and to the wind.

Swelling and induration of the glands.

Swelling, ulceration, and deviation of the bones.

Lancinating, searching, sensitive pains, with great weakness in the limbs.

Pulsative pains in the articulations.

- 455 Sensation of being bitten in different parts of the body.

- Great weakness, with sensation as if all the bones were sunk down by their own weight.  
 Contractions and very painful cramps from the extremity of the limbs to the trunk.  
 Frequent cramps, redoubled in intensity in the cold air, morning and evening.  
 The limbs numb and dead in the morning on waking.
- 460 Contusive pains, in the arms, legs, and loins, particularly during movement.  
 Frequent pains of luxation.  
 Trembling of the limb.  
 Contractions of the right and left arm.  
 Digging pains in the humero-cubital articulation.
- 465 Pains in the arms and in all the joints, as if they had been bruised and crushed.  
 Heaviness in the arms.  
 Great difficulty of moving the arms.  
 Extreme weakness of the arms.  
 Violent pains on trying to move the arms.
- 470 Drawing pains in the arms, principally in the evening, at night, and in the morning on waking.  
 Burning, lancinating pains in the bones of the arms.  
 Pulsative and lancinating pains; erysipelatous swelling of the arms and hands.  
 Inflammatory tumors on the arms.  
 Paralytic weakness of the arms and hands.
- 475 Fits of muscular exaltation, with great desire to exercise the arms.  
 Pains of luxation, principally in the wrists.  
 The lightest clothing on the arms annoys and inconveniences the prover.  
 Swelling of the wrists and finger-joints, with burning pains and great pulsations in these parts.  
 Arthritic nodosities.
- 480 Hands and fingers often numb and stiff, with disposition to become crooked.  
 Cracks and crevices in the hands.  
 Burning nettle-rash eruptions on the hands.  
 Frequent transpiration of the hands.  
 Warts, principally upon the back of the hand.
- 485 Whitlow, attacking even the bones of the fingers.  
 Lancinating pains, with extreme weakness in the hips and legs, chiefly on walking or changing position.



- Pains like bruises in the knees, with desire to squat down.
- Feeling of burning and dryness in the patella.
- Tumefaction like a cord, as in phlegmasia alba dolens, extending from the groins to the popliteal region.
- 490 Great weakness of the limbs, which, as soon as one rises, give way under the weight of the body.
- Disposition to turn the feet in walking, and to sprains.
- Gouty swelling of the legs.
- Sensation as if the legs and feet were upon a brazier.
- Uneasiness and irritation of the legs; desire to move them constantly; the patient does not know how to keep still, and what position to take to ease them.
- 495 Cramps in the legs and toes, chiefly on extending them in bed.
- Unsteady walk, and as if one would sooner jump than walk.
- Pains as of luxation in the knees and feet.
- Numbness of the legs.
- Heaviness of the legs, with sensation of pulling in the joints.
- 500 Shootings in the knees, principally on walking.
- Sensation as if a bolt was planted in the joints of the thighs, knees, and feet, and prevented them from moving.
- Swelling of the knees, with pulsative and distending pains.
- Varicose tumors on the legs.
- Furfuraceous herpes, with great itching of the legs and thighs.
- 505 Deep red tumefactions like contusions on the legs.
- Swelling of the legs, particularly in the evening and after walking.
- Erysipelas on the legs.
- Arthritic swelling of the feet.
- Burning, lancinating, and pulsative pains in the feet, with a sensation as if they were always too much squeezed.
- 510 Coldness and numbness of the feet.
- Very painful blisters and corns on the feet.
- Inflammation, swelling, and great brittleness of the bones of the leg.
- Tophus on the knees and feet.

## SCIRRHUS OF THE PYLORUS.

BY CHARLES H. HAESELER, M.D.

CHARLES L.—, aged 50 years, consulted me with reference to his health last November. I had known him for many years, and had always admired his physical appearance, as one evidently remarkably healthy. He was well proportioned; weighed about 175 pounds; was quick and active in all his movements; of a nervo-sanguineous temperament; had a florid, ruddy complexion; was a hearty eater and a temperate drinker. Told me on first interview, that notwithstanding his healthy appearance, he had nevertheless, of late years, been much troubled with biliousness, dyspepsia, and occasional vomiting spells, accompanied by headache. Allopathic doctors had dosed him effectually with blue pill, podophyllin, quinine, and the whole category of that ilk. Whereupon he thought he was gradually getting worse. The indigestion, headaches, and vomiting spells increased, both in frequency and severity. Last summer, at the beginning of the watering season, he was advised by his physician to go to the Rockbridge Alum Springs of Virginia. This he did, and after a few weeks use of the waters there bounteously dispensed from one of Nature's laboratories, he felt himself improve. Once assured in his own mind that he was actually getting better, he became frightfully allopathic in the doses which he took. Acting upon the hackneyed old saw, that "if a little does good, then much will do more good," he gave himself up to the waters with might and main. Said that he was bound to go through a thorough "course of sprouts" this time, and come out a new man. How far this expectation was realized the sequel hereof will show. After sojourning about a month at the Springs, he at length returned home, not, however, feeling quite as well as he had some two weeks previously. He took the precaution to ship a barrel of the medicine, that is to say of the alum water, to his home ahead of him.

There arrived, he put a spigot to his barrel and set himself up squarely for the job of drinking it. In the course of two months he succeeded in drinking twenty gallons! Having done which, not feeling so well, he sent for me; which preliminary remarks being ended, brings us again to where we started from.

He could retain nothing in his stomach for about a week previous to my first seeing him; felt a ravenous desire to eat, but a quarter of an hour after eating threw up all again; after which he felt tolerably comfortable for a while; but this state of things going on, he soon lost flesh rapidly, which frightened him very much. If he did not yield to his inclination to eat, he soon felt not only a gnawing sensation in his stomach, as of its sides rubbing together, but along with this now and then a sharp, piercing, "*stabbing*" pain, as he himself called it. This was a bad symptom; but still I felt hopeful of conquering the difficulty in the end, there being, as he assured me, no hereditary cancerous tendency whatever. He complained also of burning pain in the stomach; great thirst for water; diarrhœa and constipation alternately; restlessness and sleeplessness at night; extremities nearly always feeling cold and clammy to the touch, though himself feeling heat in them. I thought it was a clear case for Arsenicum. Gave him accordingly one dose every two days of Arsen. 40,000, Jenichen's preparation. Persisted in this for two weeks, when, finding no improvement at all, yet the symptoms clearly indicating the remedy, I tried the 2000th potency for another week. The same condition continuing, without the least perceptible change, I gave the same remedy of Tafel's 200th; in a week more, the 30th; and after giving *this* a week, the symptoms still clearly pointing to Arsen.—in fact more so than ever; for there was more burning in the stomach, more thirst, more vomiting and diarrhœa, more sharp and lancinating pains, more cold and clammy sweats, more emaciation—I gave the 3d decimal trituration, repeating the doses three times a day. In five days



of this treatment, everything continuing about the same, I was disgusted with my remedy, and gave it up. Then I tried *Veratrum*; after that *Podophyl. pelt.*, *Phosph.*, *Nux vom.*, *Colocynth*, *Ipecac.*, and at last *Tart. em.* This remedy really appeared to exert a decided effect for good. The patient's vomiting ceased for a period of three weeks. But he did not improve commensurately in other respects; did not feel any stronger, nor pick up flesh. To be sure great caution was enforced in the matter of diet. At the expiration of the three weeks above mentioned, I was hurriedly sent for, to be told that the patient had vomited again. Thought at first it would be only a transitory relapse; but it continued every day as bad as ever for two weeks. This reduced him greatly. Several remedies had been tried meanwhile, when at last *Tart. em.*, this time of the 6th dilution, again arrested the vomiting. He now went on for four weeks without vomiting; but there appeared in the epigastric region a hard, solid tumefaction, which I could grasp under the loose, flabby integuments, like the solid surface of a cocoanut. Suddenly he took to vomiting again. At this crisis a consultation was requested with Prof. H. N. Guernsey, of Philadelphia. I was very glad to telegraph for the Doctor, who in due time arrived, and saw the patient with me. The examination now elicited key-notes pointing (in the opinion of Prof. Guernsey, and with which I cordially concurred) unmistakably to *Lycopodium*. The induration in the epigastrium, the nausea, restlessness at night, thirst, dejection of spirits, indisposition to lie on the left side, occasional pains from flatulence, and choking sensation in the œsophagus, with a slight pinkish deposit in the urine, &c., caused us to decide upon giving the *Lycop.*; a dose of the 6000th potency was accordingly administered. The following night, at midnight, I was sent for, with the message that the patient was dying. I found him stricken with hemiplegia, unable to use the right leg and arm, and speechless. He had, however, passed a healthy, consistent

stool, breathed naturally, felt warm and natural all over the skin, and showed a disposition to sleep calmly. Now as almost the last words which Dr. Guernsey had said to me before parting were, "Look out for a nice long sleep," I confess I was somewhat puzzled; and resolved at all events not to change the remedy, especially as I myself had entertained no hope of my patient's recovery for some time past. I left some Sacch. lact. accordingly, with a few hygienic hints, and went away. In the morning, I found the patient a great deal better. He could move his leg and arm slightly, and articulate a few words with an effort. Continued to let the Lycop. act. On the following morning the patient was still better; could move his limbs tolerably well again, could speak broken sentences pretty fairly, and had slept almost uninterruptedly during the past fifty-six hours. Made no change of medicine. In the following night, however, he was seized with another paralytic stroke, and almost immediately afterwards expired. Assisted by my friends Dr. F. W. Boyer, and Mr. D. M. Castle, my student, a post-mortem examination was made.

This discovered such a bad state of things that it was marvellous how the patient had lived as long as he did. The omentum presented an appearance so mortified as to separate almost at the least touch, the connecting tissue being so softened as disabled it from holding the mass together. The adhesion of the stomach, on the contrary, to the contiguous parts was remarkable. It was with difficulty that it could be torn from these attachments, involving portions of the intestines, the diaphragm, and the liver. When at length the œsophagus and duodenum had been ligated, and the stomach removed, the pyloric end appeared hard, thick, and gristly. It was with difficulty that the little finger could be forced through the orifice; and when the stomach was laid open from pylorus to cardial orifice through the lesser curvature, it was like cutting through a corn-cob; the scirrhus condition ex-

tending all along the lesser curvature. I made no examination with the microscope; but sent the diseased stomach to the museum of the Hahnemann Medical College.

*Query.*—1st. Did not this patient, who thus prematurely *corned* his stomach with *alum-lye*, thereby cause his previously *functional* disturbance of the stomach only, to change the nature of the disease into a *malignant organic* one?

2d. Did *Lycopodium* really cause the symptoms which followed its administration; and if so, might it have wrought a beneficial result if it had been sooner prescribed?

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## PRACTICAL CASES,

SHOWING THE VALUE OF PHYSICAL EXAMINATION.

BY KAFKA.

(Translated from the "Klinik," by S. Lilienthal, M.D.)

DURING my absence from home, a boy 3 years old took sick, and two physicians diagnosed the disease as inflammation of the brain, covered the head with icy-cold wet cloths, and ordered antiphlogistic treatment, but as the disease increased, my attendance was requested. I found the little patient in delirium, with a burning hot head, red and hot cheeks, red ears, contracted pupils, and closed mouth. He lisped continually words which could not be understood, gesticulated with his little head as if he wished to narrate something. I offered him some drink, and when the glass touched his lips, he opened his eyes, grasped the glass quickly, but took only a swallow, as the dyspnoea prevented his drinking. In examining his features, the continual motion of his nostrils at every inspiration was conspicuous; the carotids pulsated strongly, the beat of the heart was excessive, and the pulse so quick that it could hardly be counted; the skin was dry and hot, without any exanthema. Sopor, deliria, and the



severity of the fever pointed to cerebral disorders, but difficulty of breathing indicated a physical examination of the thorax, and I found on the posterior wall of the right chest, from the centre of the scapula downwards, a dullness of the size of the palm of the hand, with distinct bronchial rales, and the well known crepitation, although our little patient had never given the least sign of a cough. We had therefore to treat a *pneumonia circumscripta postica*, and the apparently cerebral symptoms had to be ascribed to the severity of the fever, caused by catching suddenly a severe cold. He was immediately put on *Phosph.*<sup>3</sup> in solution, 6 drops in a tumbler of water, a teaspoonful every half hour; cold water, instead of ice on the head, and plenty to drink. After six hours I found the little patient in a copious perspiration, the burning heat was gone, and the head cool enough to leave off the wet cloth; no sopor, pulse 100, and he answered rationally; the dyspnœa was also greatly lessened, and the expression of the face more natural. After another six hours the patient sat up in bed, pulse 84, no dyspnœa, sensorium free, no crepitation any more, although the bronchial breathing and the dullness were still present: the pneumonia was cut short, and after five days more he had regained his health.\*

An old man of 85 years went to a church, situated on top of a mountain. The ascension already caused him extraordinary exertions, but in descending he found his breath failing; he had to rest several times, and at last found it necessary to take a coach in order to reach home. Arriving there he found his chest so much oppressed that he could not speak a word. After a severe chill he became warm, and fell asleep and slept, loudly snoring, the whole afternoon and the whole night. I saw him about 10 o'clock, A.M., and found him lying on his back, still

\* *Vide* "Cerebral Pneumonia of Infants," vol. xviii, of N. A. Journal of Homœopathy, p. 430.

sleeping and snoring, with closed eyes, drooping jaws, hot head, very dry tongue, deeply injected conjunctiva, blue lips and blue fingernails; the warm extremities when lifted up fell back as if paralyzed, the pulse was irregular and intermitting. When loudly addressed, he gave no sign of consciousness, nor did any change of position produce any alteration. He had not passed any urine since he came home. The deep continued sopor, the total unconsciousness, the suffused conjunctiva, the blue lips and nails, the loud snoring, and the preceding excessive bodily exertion justified a diagnosis of apoplexia cerebialis, but his mode of respiration did not harmonize with it. After a short snoring inspiration followed a four or five times longer snoring expiration, and with every inspiration a motion of the *alæ nasi* could be observed. The inspection of the thorax showed an entire abdominal respiration, the chest not moving in the least; percussion gave a dulness of both clavicular regions, where bronchial râles could be heard; as there was no cough, I could not detect any consonant murmurs, but the stethoscope clearly revealed hepatization of both lungs. Although no urine had been passed for the last thirty hours, the vesical region did not feel full, there was no meteorismus, no cardiac disturbance, nor any paralysis. His power of deglutition remained natural.

Diagnosing therefore this state as a bilateral croupous pneumonia, I ordered *Kali hydrojodicum*\* 10 drops in half a tumbler of water, a dessertspoonful every half hour.

At 5 p. m., the patient had his eyes open, the mouth closed, he moved his lips as if he wished to answer our questions. At 10 o'clock, p. m., I was suddenly recalled, as half an hour before he began to cough, and with every coughing spell he expectorated clots of coagulated dark brown blood. Closely examined, this sputum showed itself as a bloody-tinged gluey kernel, surrounded by a rust-colored foamy fluid, tough, without odor, and closely adhering to the spittoon. Percussion gave again the

same result, but auscultation already revealed reduced rhonchi with moist rattling murmurs, proving that the pneumonia had entered the stage of resolution. Respiration improved *pari passu* with a longer inspiration and a shorter expiration. He promptly answered all questions, urinated freely, and asked for food. He took the medicine for three days at longer intervals, the respiration became free, the pulse regular, and after eight days he could be considered well for his years.

(Certainly a remarkable cure, and the selection of the remedy strictly based on pathological principles, still we confess that our choice would have laid between Opium and Lycopodium, in a high potency. Opium gives us not only the deep snoring sleep, the insensibility with natural warmth, complete loss of consciousness, the relaxation of the muscles of the face (drooping jaw), bluish lips and nails, dryness of the tongue, suppression of urine, but also all the test symptoms, and the excessively difficult respiration, followed by spitting of blood and of frothy mucus.

The constant motion of the *alæ nasi* directs our attention to Lycopodium, which English physicians have shown us to cure pneumonia. We have furthermore the injected blood-shot conjunctiva, the dry tongue, primarily diminution of urine, but the coma and the head symptoms are less outspoken than in Opium.

*Baryta carbonica*, that great remedy of old age, gives the dulness of mind, the livid turgor of the face, but fails in the objective symptoms of respiration, nor does its symptomatology show any suppression of urine.

Our choice therefore would have fallen on Opium, and we have no doubt that its curative power *in a high dilution* would have been amply sufficient to restore the equilibrium, although Kafka may be fully satisfied with the result achieved by the Iodide of Potash, although mere symptoms would have hardly led to the choice of the remedy, as it gives us only the long symptoms, for we



read in Houat's Pathogenesis (N. A. J. of H., xvii, 507), 182, expectoration of blood, 186, inflammation of the chest, with sensation as if the lungs were stuffed and obstructed, with fever and great dyspnoea.—S. L.)

## EDITORIAL NOTES.

**SUITS AGAINST DOCTORS.**—In a recent issue of this Journal, we took occasion to refer to a case in which a physician of Philadelphia, of excellent character and standing as a medical man and citizen, was arrested on a criminal charge, held in durance for a period of three months, although abundantly able to prove his innocence within a week of his arrest, and finally released after trial, without the slightest possibility of redress for the ignominious treatment he had been subjected to. Within a few weeks another case has been tried in our courts, in which Dr. Samuel D. Gross, the eminent Professor of Surgery in Jefferson Medical College, and his son, were arraigned on a charge of malpractice, which, it appears, was preferred against them without the slightest warrant, through the instigation principally of a member of the bar; and in which the presiding judge ordered a *nonsuit* to be entered after hearing the evidence. We do not mean to institute a comparison between the cases of Dr. Neville and that of the Drs. Gross, so far as real hardships are concerned; but in both instances there was great injustice done citizens of the commonwealth, without any avenue being open for redress. It is surely time for medical men of all schools to look to their interests under these circumstances. No class of citizens are so open to accusations, instigated by cupidity or malevolence, as physicians, and no other class can be so readily injured in their business relations by such charges. The existing laws should be so amended as to enable physicians (and others) *unjustly* charged with criminal acts, to claim compensation for the loss of reputation, time, and money always involved in such unjust accusations; and if vigorous efforts were made in that direction no doubt they would be attended with success.

**DEFUNCT HOMŒOPATHIC JOURNALS.**—Within the year two of our homœopathic periodicals have suspended. The *Western Homœopathic Observer*, published at St. Louis, and edited by Professor Wm. Tod Hel-muth, announced in its December number that its further issue would be suspended, in consequence of the removal of its editor to New York. The *Observer* was always a welcome visitor to our editorial table. Its surgical articles were specially acceptable and interesting; while the department of *Materia Medica*, under the able management of Dr. Brey-fogle, of Louisville, was rapidly becoming a valuable repository of things

new and old pertaining to that most important part of professional knowledge. With the close of the second volume of *The Homœopathic Quarterly*, the editor and proprietor, Dr. Rollin R. Greggs, of Buffalo, N. Y., announces that its publication ceases. This journal filled a niche peculiarly its own, and did good work during its short-lived existence. The editor states that ill health has prompted him to cease from his editorial labors. We regret exceedingly to learn of his illness, and hope that it may be of but short continuance. We always read the *Quarterly* with interest, and, although the editor on several occasions exhibited an unaccountable pugnacity, we shall always be ready to again welcome him to the journalistic field.

**WELL-MERITED COMPLIMENTS.**—*Every Saturday*, of May 20th, contains the following: "One of the most carefully edited magazines that come to this office is the *New England Medical Gazette*. We never fail to find in it two or three papers in which some important surgical or medical subject is so discussed as to win the attention of the untechnical as well as the professional reader. In the last number the editor, Dr. Talbot, announces that a distinct and separate surgical department will be added to the *Gazette*, under the charge of Professor Helmuth, of New York, an experienced and skilful surgeon, and an excellent writer."

**THE MEDICAL INVESTIGATOR.**—Energy, activity, and enterprise are qualities to be commended when applied in a direction to do good, and there is no direction in which these qualities can be applied that is better calculated to be of benefit than in the management of a medical journal. That our friend and colleague, Dr. T. C. Duncan, managing editor of *The Medical Investigator*, possesses these gifts, no one who has regularly read that magazine during the past two or three years will deny. It is true that the *Investigator* has a corps of able co-editors; but the general management and responsibility rests with the editor-in-chief, to whom the mass of readers look for the equivalent for their subscriptions, and upon whom the blame will be bestowed for all short-comings. We are sure that the readers of the *Investigator* have no fault to find; for each monthly part contains a quantity of valuable material sufficient to employ their mental digestive and assimilative powers until the arrival of its successor.

**TRANSEAT IN EXEMPLUM.**—In Wilmington, Delaware, the Guardians of the Poor have resolved to revolutionize the method of treatment at the Almshouse, and have elected homœopathic physicians to have medical charge of the inmates in place of those who formerly physicked the poor in *regular* style. The next largest charitable institution in that city has likewise been placed under homœopathic management.

**THE AMERICAN MEDICAL ASSOCIATION.**—This national body of Allopathic physicians recently held its annual session in San Francisco, Dr. Stillé, of Philadelphia, presiding. We almost envy those members who attended the session their visit to the "Golden Garden," but confess that

we should feel very uncomfortable, were we a member of the Association, at the strictures of the California press, which is almost unanimous in the opinion that it is an association composed mainly of "fossils." Of a truth the American Medical Association has done itself no credit by its action in the case of Dr. Martin, of Boston, whose chief sin seems to have been that he published an article, on a subject in which not only all medical men, but all mankind, are deeply interested, in a homœopathic medical journal—the *New England Medical Gazette*. We feel free to say that in this particular they have earned the title so greatly desired by good old Dogberry, and doubtless it will be inscribed for them.

**MORE OF IT—ALLOPATHIC INTOLERANCE.**—In the last number of our journal, we took occasion to refer to the appointment of Dr. T. S. Verdi, a homœopathic physician of Washington, D. C., as a member of the Board of Health of that city, and stated that in our opinion the appointment was made by the President on personal considerations alone, and that no "recognition" of Homœopathy could be construed from the act. It appears now that the Allopathists of Washington do not coincide in our opinion, but on the contrary quite the reverse, if the following paragraph, culled from the Washington correspondence of *Forney's Press* (Philadelphia), is literally correct:

"The Medical Society of the District of Columbia to-day voted not to admit Dr. Christopher C. Cox to membership into the Society, on the ground that he is a member of the Board of Health of the Territory of Columbia, one member of which is a homœopathic physician, and that it was contrary to the spirit of the allopathic school to allow its members to associate or consult with homœopathists in any manner whatever, and any member of the Society who may consult with Dr. Cox will be expelled, notwithstanding that he is one of the most eminent physicians in Washington." . . . . .

Homœopathy must be a terribly contaminating system. Not only does Dr. Cox incur the wrath of his fellows of the Old School by coming in contact with Dr. Verdi, in his official capacity as an officer of public health, but, it will be perceived, he becomes *fomites* as it were, and any one who consults with him professionally will likewise be placed beyond the limit of intercourse with his medical brethren, as being equally *unclean*. If allopathists are "not allowed to associate or consult with homœopathists in any manner whatever," it is clear that if any homœopathists have need of hell hereafter, or allopathists of heaven, special places will have to be constructed for the future accommodation of the last-named sect, in order that their sensibilities may not be wounded in the next life. But joking apart, the only comments worthy to be made on the above related action of the allopathists of Washington, taken in connection with similar acts recently perpetrated by members of that school elsewhere is, in the language of the old Roman, "*Quem deus vult perdere, prius dementat.*"



**THE BOSTON HOMŒOPATHIC HOSPITAL.**—About twelve years ago a charter for a homœopathic hospital in Boston was granted by the Legislature of Massachusetts. The project which then engaged the attention of the homœopaths of that city was allowed to slumber, however, until a little over a year ago it was revived, and, by the assiduous exertions of some of the leading practitioners, a small but well-furnished establishment was opened at No. 14 Burrough's Place, into which patients are received and treated in accordance with homœopathic principles. It was opened on the 23d of January, and quite a number of patients have already been received; the institution seems therefore to be in successful operation and in a fair way to do a great amount of good. A pleasant room in the building has been fitted up as a Dispensary. It is of interest to note that the present arrangements are merely temporary, and that when, by the generosity of the patrons of homœopathy in Boston, the hospital shall receive a larger support, it will be removed to a building of greater size, to be expressly erected for it. Some \$13,000 have already been obtained as the nucleus of a permanent fund for this purpose, which it is hoped ere long to increase to \$100,000. The medical staff is composed of the following gentlemen: Drs. J. H. Woodbury, B. de Gersdorff, C. Wesselhoeft, and Henry Ahlborn, Attending Physicians; Dr. I. T. Talbot, Surgeon; and Dr. H. C. Angell, Oculist and Aurist. The hospital is said to be appropriately and even elegantly furnished, and to present more the appearance of a home than of a public charitable institution. We do not doubt but that the utmost intentions of the Boston physicians in this matter will be entirely fulfilled.

**MARRIED.**—In Concord, Mass., at the residence of the bride's father, by Rev. Samuel H. Worcester, SAMUEL WORCESTER, M.D., of Burlington, Vermont, and Miss MATTIE W., daughter of Henry A. Wheeler, Esq.

Dr. Worcester is a rising practitioner, of the homœopathic school, and was for several years Assistant Physician at the Butler Hospital for the Insane, Providence, R. I. We had the pleasure of making his intimate acquaintance during his visit to Philadelphia in 1869, and found him to be a most exemplary gentleman. We wish him every happiness.

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## PUBLICATIONS RECEIVED.

(Communicated.)

**THE HOMŒOPATHIC DOMESTIC MEDICINE.** By Joseph Laurie, M.D., &c., &c. Edited and Revised, with numerous important additions, and the introduction of the New Remedies and Repertory, by Robert J. McClatchey, M.D., &c., &c. First American from the Twenty-first English Edition. Boericke & Tafel: New York and Philadelphia, 1871. Pp. 1034.

There was a time, which perhaps still exists in the minds of some practitioners, when domestic medical works were condemned by physicians

and charged with doing more harm than good to their readers, by giving them the rudiments of medical treatment, sufficient to inspire a self-confidence not adequately supported by knowledge. Possibly the true reason for this opposition grew out of the supposition that the dissemination of "boxes and books" amongst the laity tended to prevent many a dollar from finding its way to the doctors' pockets. If such selfish and mercenary views ever really obtained, nothing could possibly be more mistaken. These very domestic treatises with which the world has been flooded, have done more for the spread of homœopathy amongst the masses than any other instrumentality, and all practitioners of experience will bear us out in the assertion that those of their patients who have domestic works on homœopathic practice, have most faith in the efficacy of homœopathic medication, because they have most knowledge of the principles of its application. There must be but few physicians nowadays who speak disparagingly of homœopathic books for domestic use, and the only question that seems to remain to be decided regarding such treatises is, how much ground should they cover? or, in other words, how large should they be? And now that the outcry seems to be great for the medical and hygienic education of the masses, that question seems to be rapidly settling itself in favor of the more complete works, and the exemplification of the truth of the adage that it is only a "little learning that is a dangerous thing." Those who devote their lives to the study of diseases and their treatment must ever remain the custodians of the people's health, and health will be more readily maintained by a thorough knowledge of hygiene upon the part of the people, and more readily restored when lost, if the efforts of the physician are seconded by the intelligence of the patient.

Holding these views regarding the scope and design of a homœopathic domestic work, we do not hesitate to indorse the claim made by the publishers of the American edition of Laurie's "*Homœopathic Domestic Medicine*," that it is "the most complete, clear, and comprehensive treatise on the domestic homœopathic treatment of diseases extant."

This handsome volume of nearly eleven hundred pages is divided into six parts. Part One is introductory, and is almost faultless. It gives the most complete and exact directions for the maintenance of health, and of the method of investigating the condition of the sick, and of discriminating between different diseases. It is written in the most lucid style, and with an easy flow of words that attracts rather than repels the unprofessional reader, and is above all things wonderfully free from technicalities. Part Two treats of the symptoms, character, distinction, and treatment of general diseases, together with a chapter on casualties. This part of the work is as full as needs be, and is treated in the same comprehensible style. Part Three takes up the diseases peculiar to women. Part Four is devoted to the disorders of infancy and childhood. Part Five gives the *characteristic symptoms* of the medicines referred to in the body of the work, while Part Six introduces the *Repertory*.

Laurie's work has a very large sale among the English patrons of Homœopathy, and its popularity was well deserved. The introduction of the work into this country in cheap form, without alteration or amendment, would have placed homœopathists under obligations to the publisher, but in this American edition we have all the good of the English work preserved, and its quantity and value greatly increased by the additions of the American editor, who has done his part of the work conscientiously and well. We understand from the publisher's prospectus, that Dr. McClatchey is responsible as editor for that part of the work only beyond what was published in the monthly part of the *Homœopathic Sun* up to the time of its suspension, and we do not hesitate to say (without wishing to detract from the merits of its preceding pages) that there is a marked improvement observable in the editorial supervision of the work commencing from that point.

The introduction of the "New Remedies" by the editor has been, in our opinion, most judiciously done. That they are not more frequently referred to is doubtless due to the fact that the editor hesitated to recommend remedies on merely empirical ground, and in the absence of provings, and, indeed, he asserts in his preface, that they have been introduced wherever definite and accurate indications for their use could be given. A knowledge of this will add to the value and reliability of the references that are made. It is true that in attempting a review of this large work there is a disposition to regard it in the light of a complete treatise on homœopathic practice, and thus viewing it, to miss this or that favorite remedy, or this or that characteristic symptom, in turning over its pages; but the editor no doubt had due regard to the principal purpose to be fulfilled by this volume, as well as to its bulk. Therefore, while as critics we might miss both remedies and indications under the headings of special diseases, we must not forget that, although this is a work that will be of great value to advanced students and junior practitioners, and may be consulted with advantage by all homœopathic physicians, its real office is to serve as a *Domestic* for the use of homœopathically inclined and intelligent laymen.

We shall not hesitate to commend this work to our patients who may desire such a book, as the "*Domestic*" *par excellence*, for, in the language of the American editor, "For the simple and ordinary ailments of life, it will be found to be all that is required in a medical treatise; while for more dangerous maladies, acute or chronic, when the services of a competent homœopathic physician are unattainable, it will prove to be perfectly clear, exact, and reliable, in the description of diseases and of their proper homœopathic treatment." G.

PATHOGENESIS OF KALI BROMATUM (Bromide of Potassium). By E. M. Hale, M.D. Pp. 36. Interleaved. Detroit: E. A. Lodge.

This valuable brochure presents a great variety of symptoms of this powerful and important drug, collated from a great variety of sources by the indefatigable Professor Hale. The massive doses in which it is ad-



ministered by the old school rarely fail to produce pathogenetic effects, and Dr. Hale has, with great perspicuity, arranged them according to the parts affected, so as to make the errors of allopathists available for homœopathic purposes.

The principal action of the Bromide appears to be, according to this pathogenesis, upon the mind and nervous system, and the organs of generation. In many respects its action is similar to that of lead. There are, in all, 287 symptoms; 161 of which are pathogenetic, and 126 curative, each of which are marked by appropriate symbols. While we are free to acknowledge the value of this publication, affording as it does a fair view of the action of the drug, we trust it may be the means of inciting physicians to institute thorough provings, in order that the finer shades of its action on the organism may be developed, and its scope and utility when administered in homœopathic doses thereby more reliably indicated. Some three months ago, we took, by way of experiment, forty grains of the Bromide in five-grain doses, at intervals of about twelve hours. The only effects noticeable were vertigo and unsteadiness of gait in walking, with disposition to walk rapidly in order to maintain an erect position, and, subsequently, dulness and feeling of stupidity, with great inclination to lounge about and sleep, and a feeling of "pins and needles" in the lower extremities. Not being very susceptible to the action of drugs, no further symptoms were produced, or at least none that were noticed.

**THE PHYSIOLOGICAL ACTION OF NITROUS OXIDE GAS**, as shown by experiments upon Man and the Lower Animals; together with Suggestions as to its Safety, Uses, and Abuses. By J. J. Colton, A.M., M.D. Philadelphia: S. S. White. Pp. 32.

There is, perhaps, no man in the world more competent to write on this subject than Dr. Colton, for no one has had a larger experience with the gas than he. The value of his views regarding its action, safety, uses, and abuses, therefore, will be the more highly appreciated. The conclusions the Doctor comes to regarding these points may be summed up as follows:

1. Its power and rapidity of action, as compared with oxygen, are owing to the oxidation taking place just at the moment of its liberation from union with nitrogen, while in its nascent state.

2. Its safety, momentary reaction, and agreeable after-effect, are due to the fact that, acting as an oxidizer, the products of its combination are speedily eliminated from the system.

3. No tendency to syncope follows the inhalation of *pure* gas.

4. While it answers the purpose admirably for short surgical operations, it cannot be used indiscriminately for long-continued operations.

5. The rapidity with which it will paralyze the whole capillary system, as well as the heart's action, stopping respiration and destroying life, show that it is powerful for evil as well as good.

6. The paucity of fatal accidents attending its administration, and its harmlessness as compared with ether and chloroform, are due to the striking characteristics of the fatal symptoms, and to the rapidity of the reaction which follows its inhalation. So long as the breathing is like that of a person in a deep natural sleep, there is no immediate danger; but if there be signs of interruption of the respiration, and a cadaverous or livid countenance, the gas should be instantly discontinued. These are the main indices of danger.

7. It does not act by *asphyxia*. A marked difference between its effects and asphyxia is noticed when, from any cause, the person while inhaling it omits to take free inhalations of the gas.

8. One of the most unfavorable indications for its administration is in hyperæmia of the liver. In such cases nausea is very likely to ensue, caused by a retardation of the blood. In certain organic diseases of the brain, whether acute or chronic, it is also entirely inadmissible in quantity sufficient for the production of anæsthesia.

The administration of Nitrous Oxide Gas has become a matter of business, and is carried on to so great an extent, particularly by dentists, that articles on it written by men of large experience in its use are of great value. Dr. Colton insists on the gas being *pure*, and is disposed to attribute almost all the ill effects following its administration to the impurities sometimes found mixed with the gas, either through accident or as the result of ignorance or carelessness in its manufacture. But not only is this gas administered by dentists and surgeons for the performance of operations, but it has become a source of amusement for the lecture-room, and even for the private drawing-room. We know of an instance in which the gas was used for purposes of amusement, in which only such quantities were administered as produced the primary exhilarating effect. One of the persons who inhaled it was a child of thirteen years, of scrofulous and weakly constitution, and who had suffered from hip disease, but in whom there was no affection of the heart or liver, and certainly no hyperæmia of the latter organ. But four or five deep inspirations were taken, and in a few moments the effects *apparently* passed off; but this temporary cessation of effect was followed by spasms and screaming, which continued at intervals throughout the night, and then gradually subsided, leaving the patient in a dull, heavy, and almost helpless condition for several days afterward. The person who administered the gas was a well-known dentist, a man of culture and attainments in his profession, and of extraordinary truthfulness, and he assured us that he had exercised great care in the production of the gas, and that he had never before seen any ill effects following its administration. It is but just to add, that in this case the child, who was very desirous to inhale the gas, was nevertheless considerably under the influence of fear, which doubtless was greatly increased when the inhaler was placed in her mouth and her nostrils were closed by the finger and thumb of the operator.

## ANNUAL MEETING OF THE BOSTON HOMŒOPATHIC SOCIETY.

REPORTED BY F. H. UNDERWOOD, M.D., SECRETARY.

MEETING was called to order by President L. Whiting, M.D.

Records of the last meeting were read and approved.

The Secretary and Treasurer made the annual report, showing the Society to be in a flourishing condition.

The balloting for officers resulted as follows: President, David Thayer, M.D.; Vice-President, G. M. Pease, M.D.; Secretary and Treasurer, F. H. Underwood, M.D.; Board of Censors, Drs. L. Whiting, W. P. Gambell, and W. P. Wesselhoeft.

Dr. G. M. Pease was tendered a vote of thanks for the very able manner in which he discharged his duties as Secretary and Treasurer during the past year.

Voted that the following resolutions be adopted as the sentiments of this Society:

*Whereas*, Dr. Stillman Spooner, of Oneida, Madison County, N. Y., and Dr. A. T. Bull, of Buffalo, N. Y., surgeons of the homœopathic profession, and graduates of legally chartered institutions, have been removed from the office of Examining Pension Surgeons, by Commissioner H. Van Aernam, on the ground that they "did not belong to the school of medicine recognized by the Bureau," and

*Whereas* The Commissioner of Pensions has thus publicly, and in writing, promulgated the monstrous anti-American proscriptive and most pernicious doctrine, that an individual is ineligible to office under the National Government unless a member of a particular sect, therefore,

*Resolved*, That in the name of the thousands of homœopathic physicians of the United States, and their millions of adherents, we call upon the administration of President Grant to point out for our information the particular authority, or Congressional or other enactment, in accordance with which the unwarrantable assumption is put forth that adherents of any one school, and the adoption of any "one theory of medicine" is a necessary qualification for office under this government; and in accordance with which *sectarian tests* for admission to office are thus sought to be established.

*Resolved*, That in the name of an insulted and indignant profession, we respectfully but most earnestly and decidedly request of the administration of General Grant that Dr. Van Aernam, who has stooped to the petty meanness of prostituting the power of his office to subserve the interests of his sect, and committed an illegal and unjustifiable outrage upon our school, be speedily removed from the position he so unworthily occupies.

*Resolved*, That a copy of the above resolutions be transmitted to the President of the United States, and to the members of Congress from the



State of Massachusetts, and request that they be presented to the two Houses of Congress.

Drs. F. H. Underwood, C. Wesselhoeft, and G. M. Pease were appointed a Committee to draft a petition to Congress for the removal of Dr. Van Aernam from the office of Commissioner of Pensions, and cause them to be circulated throughout the New England States.

Records of the last scientific session were read and approved.

The subject for discussion being *Ipecacuanha*, Dr. Gambell said he made much use of the remedy, and principally in catarrhal croup.

Dr. T. S. SCALES said he does not use it often; did formerly; but of late finds other remedies to take its place.

Dr. E. P. SCALES said he believed *Ipecac.* to be indicated in cases with the following peculiar symptoms:

Patient despises everything. Has muscular awkwardness. Full of inexpressible desires. Screams and howls violently. Face pale, and body cool. Fine stinging pain in the forehead; bruised feeling of the head, down to the roots of the tongue. Difficult deglutition; and taste in the mouth as of rancid oil. Gripping and pinching in the abdomen, as if from the ends of the fingers; relieved by rest. Cutting colic near the umbilicus.

And he further said that the following symptoms he could vouch for:

Frequent yellow liquid stools, covered with bloody mucus. Convulsive evening cough. Expectoration of mucus with metallic taste. Inclination to vomit without nausea. Beating in the pit of the stomach. Spasmodic asthma, with contraction and danger of suffocation. Shocks on falling asleep. Rigidity of the body, followed by jerking of the arms towards each other.

Dr. WHITING said, he gives *Ipecac.* in cholera infantum, when caused by eating fruit; also when there is a sensation as if the stomach was hanging down heavily, accompanied with a difficulty of breathing. He makes use of it in infantile pneumonia, when there is a very rapid and difficult respiration. Usually uses the 30th centesimal dilution.

Dr. UNDERWOOD said he thought the strongest indication for *Ipecac.* was nausea and vomiting. He has used it with success in uterine hemorrhages, with excessive flow of bright arterial blood; colic pains about the umbilicus; constant nausea; great feeling of faintness. Also in loose rattling coughs of children. Usually give the 200th.

Dr. G. M. PEASE said he had verified Dr. Guernsey's "key-note" for *Ipecac.* in "uterine hemorrhage where the blood is of a bright red color, and flows with a gush," he has used the 200th, and stopped it almost instantly. He uses *Ipecac.* in tight coughs, with inclination to vomit; or where there is vomiting after coughing.

Dr. THAYER thought *Ipecac.* and *Arsenicum*, though very unlike in their grosser natures, in their origin, in their toxicology, and in their general uses in the arts, compared admirably in their uses as remedies in

disease; so much so that in certain stages of pneumonia it is sometimes difficult to determine, at the bedside of the patient, which of the two remedies to select.

These two remedies, Ipecac. and Ars., may follow each other reciprocally. Ipecac. resembles Ars. in suppressed rash, pale face, bluish skin, cold and moist skin with itching, and in certain eruptive diseases; in nausea, in scanty urine, in coughs with expectoration during the day, with aggravation of symptoms at night; in dysentery, &c.

The two remedies are antidotes of each other.

He is accustomed to give his patrons, who have young and fleshy children, a vial of about the first dilution of Ipecac. tinct. for the croupy coughs which often occur at night, and so alarms the parents that they would call the doctor; and he recommends the use of this Ipecac., half a dozen drops in a tumbler of water, and give a teaspoonful every fifteen to thirty minutes. If there is fever with the croupy cough, he recommends Acon. every hour, and the Ipecac. every fifteen or thirty minutes between.

This prevents calling the doctor till morning, and often entirely.

He never knew Ipecac. to fail in dysentery where the stools were dark, almost black, and fermented like frothy molasses.

For nausea and vomiting he prefers Ipecac. when the taste is bitter, for the vomiting of bile where the saliva is abundant, empty eructations; for vomiting of substances black as ink, and green, with colic pains in the abdomen, and moist skin. Nausea almost always accompanies the vomiting when Ipecac. is indicated.

More than twenty years ago he was under the care of Dr. William Wesselhoeft, suffering from a very severe hard cough, which aggravated a dreadful headache; Aconite and Ipecac. did no good; but Bell., one dose, relieved as by magic. Since then he has found that a hard, dry cough, with a splitting headache, often is relieved by Acon., also by Ipecac., but oftener by Belladonna.

Adjourned.

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## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE regular monthly meeting of the Society was held at the College Building, Thursday evening, May 11th. Dr. Walter M. Williamson was called to the Chair.

The minutes of the April meeting were read and approved.

Dr. S. S. BROOKS was unanimously elected *Delegate* from the Society to the forthcoming meeting of the *American Institute of Homœopathy*.

Dr. BUSHROD W. JAMES, Scribe, then made his usual monthly report, as follows:

## NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**ENTROPION—CARTILAGE OPERATION FOR IT.**—A British surgeon, Dr. McCraith, thinks the form of the cartilage is the cause of the disease, and he therefore bases a new operation upon a removal of a horizontal narrow strip of cartilage, less than the twelfth of an inch wide, from near the border of the eyelid and parallel therewith, including the whole length of the lid, without, however, severing the duct at the inner canthus. The lid is everted, and the operation performed from the inner surface. The principle seems to be a very practicable one, inasmuch as the space does not fill up with cartilage; a sort of joint or hinge is formed with the upper section of cartilage by that portion on which the ciliae are inserted, and the lid naturally retains its normal situation, which is not apt to be the case with some of the other operations, for the difficulty is apt to return in time.

**UNHEALTHINESS OF A SIEGE.**—The increase of mortality produced by anxiety, fatigue, bad food, from war, as well as the influence of the exposure during a severe winter, exhibits, in the late siege of Paris, how some of the more prevalent diseases increase under such formidable circumstances for their spread. Six diseases are taken and compared by M. Decaisne, as follows: Small-pox, which had been prevailing badly there some months before, typhoid fever, bronchitis, pneumonia, diarrhoea, and dysentery. From the *Philadelphia Medical and Surgical Reporter* we extract the following:

“From the 4th to the 10th of September, 1870, there were 116 deaths from small-pox, this being a great decrease on the preceding weeks. Now the retreating armies and the new recruits entered Paris; thereupon the mortality increased, and reached, on the 1st of January, 1871, 431 deaths in a week. These figures have considerably diminished since. As to typhoid fever, the weekly mortality on the 10th of September, 1870, was 30; from the 11th to the 16th of February, 1871, it rose to 298, whilst there had been only 19 deaths for the corresponding week of 1870. The causes are easily found in the privations and fatigues of the young soldiers. The difference, though great, is not so striking for bronchitis and pneumonia; but with regard to diarrhoea, it should be noted that the weekly return of mortality on the 10th of September, 1870, was 25; whilst from the 1st to the 6th of January, 1871, it rose to 151. The increase respecting dysentery is not quite so marked; but, nevertheless, for the periods just mentioned, it ascended from 8 to 51. As to the general mortality, the effects of the siege were quite disastrous; for M. Decaisne finds that, from the 4th to the 10th of September, 1870, the total number of deaths was 981, whilst from the 11th to the 17th of February, 1871, it rose to 4102.”

**REMEDY FOR INEBRIATION.**—In Siberia there is said to grow a fungous plant, known to the natives by the name of “muk a moor,” which, taken in small quantities, produces all the effects of alcoholic intoxication, but

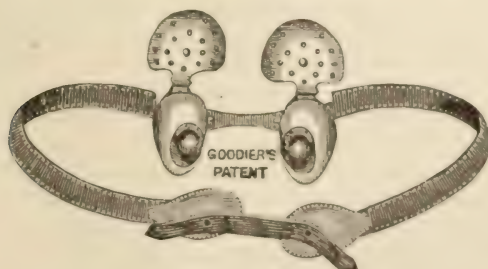


which, in large doses, acts as a narcotic poison. A thorough proving of the remedy for our *Materia Medica* would prove of value.

**CHLORAL INTOXICATION.**—As opium-eating, absinthe-drinking, and liquor drinking have become evils that annoy society, so the use of chloral is likely to become as troublesome. To drive away wakefulness, and care, and trouble, and to forget their afflictions, persons now resort much to this new drug, and in some its use in this manner becomes a firm habit. Independent of the irritation of the throat, and fauces, and nose that it causes, and the aggravation of some cutaneous and other disorders, it is very pleasant to take. But after its use for a time the eyesight becomes weak and dim, with congestion of the globe and swelling of the lids, and sometimes partial paralysis of lids. One characteristic symptom of its frequent use is a black streak along the centre of the tongue, as if ink had been rubbed over it. While it is said to be as hard to break off from its use as from rum-drinking, the delirium tremens symptoms often appear in the attempt to discontinue the habit of eating it.

**NEW MODE OF PRODUCING ANÆSTHESIA.**—It is claimed that moderate pressure on the pneumogastric nerve on both sides of the neck soon relaxes perfectly the voluntary muscles, and that suddenly, while the heart and lungs continue their proper actions. We think that this pressure could not be kept up any length of time, however, without danger of paralyzing the heart or lungs, or at any rate without injuring the nerves, and subjecting them to subsequent neuralgic pains.

**HERNIA PADS.**—I desire to show you a novel hernia pad. It is well known how difficult some old and large hernias are to retain by the ordinary elastic truss pad. Occasionally they will slip, and allow the bowel to protrude. Dr. N. Folsom, of New York, thinks that the ordinary convex pad on an elastic spring, in hernia cases, except in fat persons, had a tendency to stretch the intercolumnar fibres, and separate still far-



ther the pillars of the inguinal ring, with waste of the tissues; and to obviate this he has had a flat pad made of wood, with rounded edges and pear-shaped, about "three and a half inches long, two inches wide, and half an inch thick." He always had a double truss used. Now this pad, you see, is quite different from either that of the ordinary ones, and suits

any inguinal hernia. It has an abdominal lever to retain it in position, so that in coughing, sneezing, running, or straining, it cannot slip from its position. The portion with the openings in is the lever, and presses against and grasps the abdomen above the seat of the hernia. Projecting down from this lever is the main stem or support for hernia, to which an eccentric orifice nut is screwed, and this nut is inclosed partially in a piece of wood called the orifice shield, and this is also screwed by one screw to the main stem, so that when the pad is applied it catches and holds the seat of protrusions much as the forefinger and thumb would after the protruded intestine has been returned by manipulation. This eccentric nut is movable on the screw, and the hollow spaces between it and the orifice shield can be varied for different cases. Here is our oval plain pad, for slight cases, which has the abdominal lever attached. I show you a set for adults, and the smaller set for children. The whole pad is fitted to an ordinary spring, extending all the way around the body, and is called the Goodier's Lever Shield Patent Truss.

**CAUTION IN TRACHEOTOMY OPERATIONS.**—A surgeon, who was in the habit of operating by plunging the lancet through all the tissues into the trachea without dissecting carefully down, recently lost a case operated on in this way, and the post-mortem examination showed that the trachea had not been opened at all. This is a caution against such a reckless mode of operating.

The paper on *Heart-clot*, read at the last meeting of the Society by Dr. A. R. Thomas, was then taken up for discussion. Dr. Thomas gave a synopsis of the chief points of his paper.

Dr. BUSHROD W. JAMES related the case of a woman who, being sick for some time, after going up stairs on one occasion, fell into a swoon, and lingering for some time afterward, finally died suddenly. In her case there was a very peculiar pulse. The heart would give a few hasty and irregular beats, and then stop for the time of several beats, then repeat these processes, and then go on with greater regularity for some time. On post-mortem examination, he found a fibrinoid clot, extending from the left ventricle through the auriculo-ventricular opening into the auricle, loose, but firm and curd-like. He was of the opinion that this was a case of heart-clot in which the patient did not die at once on its formation. In connection with this subject he would remark, that it is laid down as a fact that it is the *ammonia* of the blood that prevents its coagulation. Experiments have been performed in which blood was received into an exhausted receiver, and its fluidity was retained, whereas, upon air being admitted, coagulation speedily took place. The prevention of coagulation, in the former instance, was doubtless due to the fact that the ammonia of the blood could not escape. It has likewise been stated, that if ammonia be added to blood already clotted it will regain its fluidity. It is a noteworthy fact that Ammonia is the best restorative in most cases of fainting. It is possible that, in cases of heart-clot, the pathological condition may be due to a deficiency of ammonia in the

blood. In the case he had related, the clot was on the left side of the heart, and there was no morbid appearance of the right heart.

Dr. GUERNSEY. It has been stated that heart-clot was the sole cause of death in these cases, and they have been spoken of as necessarily incurable. In my opinion we should go far back of that, and search for the causes which led up to the formation of the clot, which is the last link in the chain of causes. Compare these cases with those of other diseases. For instance, let us look at membranous croup. These cases are preceded for several days by symptoms which, if not arrested, will eventuate in the formation of a membrane from which the child may die, choked to death. Now, in such a case, we might as well say that the membrane was the sole cause of death as to say it of heart-clot. But by prescribing the proper medicine for cases of croup we avert the formation of the membrane. Now if we can recognize the condition of system which will, if allowed to run on, eventuate in heart-clot, and select the proper medicine for that condition, according to the totality of symptoms, we will cure the patient and avert the formation of heart-clot. We should always have a due regard of the vital force of the patient, and of the scope of our remedies. If we carefully individualize our cases we will learn to cure some that are now pronounced incurable, and possibly we may come to be able to remove heart-clot, when it has really occurred, if we should be able to recognize its presence in life, by curing the condition that led up to it.

Dr. A. R. THOMAS said he would as much expect to cure a man with a bullet in his heart as a case in which a fibrinoid heart-clot had already formed and attached itself to the tendinous cords of the heart. While he believed it to be possible to cure the conditions which by going on led to the formation of these clots, yet he was of the opinion that, when they had really formed, they constituted necessarily incurable cases.

Dr. H. N. GUERNSEY thought it was not quite correct to speak of necessarily incurable cases. He thought such cases were simply incurable *now*, owing to our yet limited acquaintance with our curative resources.

Dr. B. W. JAMES remarked that he had several times written on the curability of cases. There are cases that are necessarily incurable. In a sphacelated limb, for instance, it is impossible to cure the sphacelated part. In cases of heart-clot it might be that ammonia taken into the system would fluidify the clot, but that would not be homœopathic, but rather chemico-pathic, treatment. It is possible, however, that if ammonia were taken it would be so modified by the vital forces as to be rendered inert. The heart-clot, when formed, is a mechanical obstruction to the circulation, and causes death by shutting off or preventing the flow of blood. It is doubtless true that the condition of system, which preceded and led to the formation of a heart-clot, might have been cured if taken in time, but it often happens that the first evidence of heart-clot is revealed at the post-mortem examination.



Dr. J. C. MORGAN said he had witnessed a number of these cases both in private practice and in the army during the war. Occasionally a small fibrinoid clot forms in a vessel, and is finally washed away and lodged elsewhere. Possibly this condition of embolism is of frequent occurrence. He saw an old man some time ago, in whom he had no doubt but that this occurred in the femoral artery, obstructing the circulation. The application of hot bottles and the administration of Aconite restored the circulation, no doubt through collateral channels. Some time afterwards he saw the same patient paralyzed, and possibly another embolus had been lodged in one of the vessels of the brain, and softening had set in in consequence of deficient nutrition. In a case occurring at the Pennsylvania Hospital, in which the man was paralyzed, an embolus was found in one of the cerebral vessels. According to Dr. Goldsmith the first step in hospital gangrene is due to the coagulation of blood in the small veins of a part and the death of the tissue in which they lie; and the extension of this process is the continuation of the gangrenous process. In all conditions leading to heart-clot there is more or less venous congestion, or at least in all the cases he had seen. In the army the acute form received the name of *congestive chills*, while the chronic was called *debility*, *scurvy*, &c. The venous congestion was most marked in the vessels of the brain and abdominal viscera. Congestive and subacute forms of disease seem to be the basis of formation of heart-clot. May there not be a non-alkaline or acid condition of the blood in these cases? It is due to the alkaline condition of the blood that it does not clot even in health. In a number of the cases he had seen in the army the men had been taking elixir of vitriol freely, and he had reason to believe that that drug was the proximate cause of the formation of heart-clot in many cases. If it be true that acidulation of the blood has anything to do with the morbid formation, the proposed ammonia treatment would seem to have something to stand on.

Dr. PEMBERTON DUDLEY then read a carefully prepared and very valuable paper, entitled "Infantile Mortality. The Effects of Age and Atmospheric Temperature upon the Death-rate from Cholera Infantum," and exhibited a diagram illustrating the temperature and death-rate from cholera infantum from June 16th to August 31st, inclusive, in the years 1869-70, which he had prepared from the statistics exhibited in the Registry Department of the Board of Health of Philadelphia (see page 513 and the diagram facing it).

The thanks of the Society were tendered Dr. Dudley for his valuable paper.

Dr. A. KORNDORFER, from the *Committee on Provings*, presented partial provings by Dr. E. A. Farrington, on *Natrum Sulphuricum*. [These provings, when completed, will be published in the *Hahnemannian Monthly*.]

The Society then adjourned, to meet on the second Thursday in September.

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TWENTY-EIGHTH ANNIVERSARY OF THE AMERICAN  
INSTITUTE OF HOMŒOPATHY.

THE Twenty-eighth *Anniversary* and Twenty-fourth *Session* of the *American Institute of Homœopathy* was held in Philadelphia, June 6th, 7th, 8th, and 9th, 1871.

THE PRELIMINARY MEETING,

Or *Initiatory Levee*, was held, by invitation, at the residence of Dr. Constantine Hering, Nos. 112 and 114 North Twelfth Street. The guests were received and entertained by Dr. and Mrs. Hering, with that free and hearty hospitality for which they are famous, and their *head-quarters* of homœopathy, often as it has been the scene of festivity and happiness, never presented a gayer, more joyous, or more brilliant appearance than on Monday evening, June 5th. The levee was decidedly a *recherche* affair. There were several hundred ladies and gentlemen present, who found the hospitality of their host and hostess all that could be desired. The spacious garden, with its wealth of flowers, was brilliantly illuminated, and was the favorite resort of the evening. Here friendly greetings were exchanged, old friendships were renewed, and new acquaintances formed, forming an excellent prelude to the earnest work to be done during the coming session.

FIRST DAY (TUESDAY, JUNE 6TH).

The Institute convened in the Hall of the Mercantile Library Association, at 10 o'clock, A.M., and was promptly called to order by the President, D. H. Beckwith, M.D., of Cleveland, Ohio. Dr. H. N. Guernsey, of Philadelphia, Chairman of the Committee of Arrangements, thereupon addressed the assemblage as follows:

MR. PRESIDENT AND FELLOW-MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: It is my pleasant duty, as Chairman of the

Committee of Arrangements, to bid you welcome to our renowned city, in the name of the homœopathic physicians of Philadelphia, and of Pennsylvania.

Your chief object in thus assembling is, as you well know, the advancement and improvement of medical science, in order that you may thereby become better physicians for the sick, better fitted to minister to the ailments and sufferings of our fellow men. For this purpose you have come from your homes in the East and the West, the North and the South, to take counsel together as to what means will be most effectual in attaining the object of your great desire. We want you to feel that, as members with you of a sacred brotherhood bound together by a holy tie, and as citizens of a great city and a great state, we welcome you most heartily, and it is a great pleasure to us to see so great a host of intelligent men gathered together for so great a purpose.

But, in addition to the *business* of our session, you will be invited to take part in entertainments of various kinds, gotten up to do you honor and to give you pleasure; and you will be invited to visit places in our city that are of historic renown, around which cluster memories of the hallowed past; of those days in which the fathers of our glorious nation stood up manfully for the right, and dared to pledge their lives, their fortunes, and their sacred honor, for that cause they knew to be the true one. As you gaze on these scenes, perhaps the thought will come to you as it has to me, that the greatness of our country, and her present prosperity and happiness, is greatly due to the steadfastness with which the fathers of the republic clung to principles they knew to be true and dared to avow, and to their purity of purpose in doing for the future as well as for the present. These thoughts you may apply, as I have, to our beloved science and art of healing. In how much are we indebted to the boldness and resoluteness, the purity and integrity of Hahnemann and his immediate disciples; and how nobly the pioneers of homœopathy—many of whom are with us to-day, honoring us by their presence and inspiring us by their example—how nobly they worked, not alone for themselves, but for what they knew must be the *glorious* future of homœopathy. And from these thoughts let us be led to act not only for to-day and for ourselves, but in every thought, and word, and act, to have regard for the future development and perfecting of that great guiding law of our art, *similia similibus curantur*; so that, in coming years, the American Institute of Homœopathy, looking back upon *our* labors, may say, as we have said of the fathers of the nation and of the fathers of homœopathy, *they were steadfast, they were true*.

Thus, gentlemen, we welcome you to this hall of deliberation and discussion, as well as to our city and our homes. That your discussions may be pleasant and profitable, and your stay with us a pleasure and a gain, is the sincere wish of those I represent. You will doubtless miss the genial smile, the cordial greeting, the hearty words of welcome, of one who was wont to be present on these occasions, and who would have filled the position I now occupy, had he lived. But the good example of cheerfulness, energy, faithfulness, and prudence that Williamson bequeathed us, is with us, and will aid in inspiring us to greater efforts in the good cause he loved so well to work for.

Once more, gentlemen, we bid you a most cordial welcome.

The President, Dr. D. H. Beckwith, after returning thanks, on behalf of the Institute, for the welcome given them, addressed the assemblage as follows:

GENTLEMEN, MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: I beg leave to express my gratitude for the honor you have con-



ferred on me in selecting my humble self to preside over your deliberations.

I respectfully ask your forbearance and indulgence in the performance of the duties that devolve upon me during the present session.

It is now eleven years since we last met in this great and beautiful city, the second metropolis of our country; honored in history as the birth-place of our Constitution.

Almost within hearing of our voices the tree of American liberty was planted! Here a few noble patriots, with daring scarce known in the world's history, broke the shackles of our bondage and declared our national freedom; with heartfelt gratitude and thankfulness do we revere the memory of those few fearless men who vouchsafed to our country its liberties, and to a glorious nation its existence! Not less honored is the spot on which they stood, the same ground we to-day occupy, made memorable through all time of our country's existence as the birthplace of freedom! And since our national banner first waved in unmolested freedom from the tower of yon old Independence Hall, until now, has this city been truly called the Mecca of American medical literature.

This city has not alone the honor of originating the first Medical College on this side of the Atlantic, but it has the higher honor of establishing the first Medical College in the world where the pure and true science of the healing art of homœopathy was taught; and in all the arts and sciences she has been second to none.

We all remember the hearty and cordial welcome we received from our brethren at that meeting, eleven years ago, and how harmonious were all our transactions, by representatives from almost every state in the Union, and as we then parted to meet in one year at the "Queen City of the West," little did we anticipate the great and momentous events that were about to transpire in our country! Who then thought that an intestine strife was about to take place among our heretofore united people; of the rivers of blood that would flow, and of the thousands upon thousands of human lives that were soon to be sacrificed, and the untold treasures that were to be spent to save our national unity, and to preserve unharmed the tree of liberty, originally planted on this very soil.

And while we mourn with numberless tears the dead, whose lives were sacrificed to maintain our national perpetuity, our hearts are filled with gratitude to Him, the restorer of all peace, that we are again permitted to meet in our annual gathering, a truly National Institute, with no division of sentiment; a body of representatives from the Lakes to the Gulf, and from ocean to ocean. We are again here to receive the same cordial welcome that was so generously bestowed upon us before.

Gentlemen, it is with infinite delight that we may contemplate the growth and prosperity of our Institute.

A little more than a quarter of a century ago, a few pioneers, less in numbers than the Institute is years old, met in the city of New York, and originated what is now the largest medical body in the world, and the oldest in this country, *The American Institute of Homœopathy*.

To be a member of such a distinguished body may well awaken the pride of every true and honest physician. Some of those noble pioneers we have still with us—little did they think when they organized this body, that such would be its rapid growth, prosperity, and usefulness—not even the most sanguine among them could have conceived that in their lifetime an organization representing an innovation in the time-worn theories of the science of medicine, with so few representatives and patrons, could have attained its present dimensions, and it is but due to those few living originators, that we give more heed to their counsel, and become willing listeners to their long and extensive experience, and not

ourselves occupy too much time of the Institute that more properly belongs to them by right of age. We may well pension them with our gratitude for their noble undertaking, in originating and maintaining in its purity this organization.

Many of the respected founders of this Institute have gone to a better land. They died with their armor on, working in full faith of the immortal science discovered by the illustrious Hahnemann. May their memory never depart from us, and may their noble example of self-sacrifice and devotion to the cause of homœopathy be imitated by us, and may we measure them by that standard so truly theirs—"the good alone are great."

Not less gratifying is it for us to contemplate the unprecedentedly rapid growth of our science of medicine. Still within the memory of many of us was the introduction of homœopathy in this country by the lamented Dr. Gram (who, we are happy to say, is having a suitable monument erected to his memory).

In the States and Canadas we have nearly ten thousand reputable physicians and surgeons.

In this country alone, are seven colleges, in which the curriculum of studies is not surpassed by any, and where the requirements for graduation are now becoming more rigid than that of any other school of medicine.

The numerous hospitals, dispensaries, and asylums, although supported by individual efforts, are in such a condition as to be worthy of our pride. Our patrons are found everywhere among the intelligent and educated, and are numbered by millions. With such a growth in the few past years, who can foretell our future destiny—and at how short a period in the world's coming history will homœopathy be the prevailing practice of medicine. God speed the day when right shall rule and overpower might, and truth shall everywhere prevail.

We have not only been violently opposed by the opposite school of medicine, but the government has withheld the aid and support that so rightfully belonged to us. Even during the late war none of our brave soldiers and sailors if sick or dying with disease, or giving their last drop of patriotic blood that the country might be preserved, were allowed a physician or surgeon of their choice, but must forsooth take what the regulations of Allopathy directed, until many of us felt the force of the old expression of our forefathers when seeking freedom, "no taxation without representation." Our arrogant neighbors have since attempted to make the strong arm of the government subserve their ends of opposition to us, in not permitting the poor sick and disabled pensioner to allow us to judge of the disability and amount of his pension—simply because we disagreed with them in the practice of medicine.

Many of our pension surgeons were discharged with full assurance from the department that their duties had been well performed. Their removal was for no other cause than being homœopaths.

During the war, while the welfare of our country was at stake, many of our physicians and surgeons entered the ranks as common soldiers—they were willing to sacrifice their right for their country's honor, and their nation's flag.

But, since the close of the war, the country no longer in danger of being divided or overthrown—the profession to a man has risen to resent these outrages which the pension department perpetrated upon us. Delegates were sent from many of the states to confer with the President of the United States, asking of him to remove the Commissioner of Pensions, and with commendable promptness our petitions have been granted.

Nothing has transpired since our existence as an organization, that has looked so favorably to our soon attaining our just and equal claims,

as the change in the sentiment of public opinion for the past twelve months.

The path of our duty in the future is evident; we must follow that well-known axiom, that "in unity there is strength," and let no minor considerations exist among us to cause divisions. Let not the East nor the West, nor any part of the country claim superiority of practice, but with generosity and liberty allow every physician to prescribe as his honest conclusions may dictate, provided he adheres to the fundamental law in medicine, *Similia similibus curantur*. We should have but one object before us, namely: The advancement of medical science.

To accomplish this great work, we must liberally support our colleges and then expect of them a high standard of medical education, and insist that diplomas shall only be granted to those students who are well qualified to receive them. It is our duty on all occasions to condemn irregular practice, and encourage the weak to have more confidence in the principles of cure, for it is not the medicine that fails, but the physician who prescribes it.

Our literature has reached a high standard in books and periodicals. The latter require for their maintenance our unanimous support. We should not withhold from the profession or the public our observations and experience when they are useful.

Hospitals and dispensaries are found in almost all the cities of the globe, and they require our aid and influence. Each member of the Institute should consider that he has a certain amount of public work to follow the general interests of all.

I wish to call your attention to the necessity of selecting young men of education, whose abilities will make them good practitioners, and adopting them as students in your offices; young men of such moral character and sterling worth as will make them prominent citizens and leading physicians.

I know many of you do not wish a student in your office, and you refuse every applicant who comes before you. And these young men who are anxious to obtain a medical education, seek it surrounded by influences by which their minds become prejudiced against the teachings and doctrines of homœopathy. If every practitioner of our school of medicine in the United States, would secure one or two students and prepare them for our colleges, it would accomplish more each year for the good and prosperity of homœopathy than all other causes combined. Did you ever realize what an army you could prepare in so short a time by bringing properly qualified recruits to fill the ranks in our profession?

Since we have, by the late action of the government, received at least some assurance that no particular sect or creed of medicine is to receive its sanction and patronage, we should take all active measures that are honorable to secure our proportion of appointments in all institutions supported by the people.

In the University of Michigan our friends have long since laid claim to a representative in the medical department, and petitions signed by thousands of the prominent men of that state were sent to the legislature of 1870 and 1871, asking them to direct the regents of the State University to appoint a chair of theory and practice of medicine, and one on materia medica of our school. The bill thus providing for two professorships passed the House by a vote of 61 ayes to 25 nays. During the session of one hundred days, no bill was introduced that was so strongly supported and so violently opposed. When the bill reached the Senate, the professors of the medical department and their friends throughout the state determined to defeat the bill. The friends of the bill were sanguine that it would pass. At this moment a division in the homœo-



pathic profession entered the Senate, and the bill was defeated by a majority of 2.

The effort to obtain a professorship in the University will again be made in 1871-2 before the next legislature, and I hope and pray that every division in the profession will be healed, and that all of us will work to secure this which rightfully belongs to us.

The time will soon come when this country will establish a National University, and among its teachings will be included medical science. Diplomas from such an institution will be sought after by most young men entering the profession. Every effort will be made by the old school to entirely control the medical department that will be established in that university. To prevent any such lamentable occurrence, each member of this Institute should consider himself bound by the most solemn duty to oppose all legislation that would compromise our rights as a school of medicine. And I hope our Bureau on Legislation will always be ready to work and act with all state and county societies, to procure equality in Congressional appointments where medical men are required. They should see to it that no state laws are allowed to exist which give priority to any school in its teachings.

The great struggle of the present day is between the spirit of progressive medicine on the one hand and conservatism on the other. The latter, by organized combinations, endeavor to monopolize all departments in scientific medicine and practical surgery. They have, until a few years past, had entire control of ophthalmic and aural surgery, but to-day we have representatives in nearly all our large cities, engaged in the treatment of that class of diseases.

To promote the interest of this important department, I would recommend the establishment of a Bureau of Ophthalmic and Aural Surgery.

All things have their proper times and seasons; their periods of growth and progression. The time has arrived in the history of this Society when it ranks as a great national organization, and when each succeeding year sees our membership greatly increased. The mightier we become as an organized power the more is expected of us in our profession.

Look at the proceedings of the session of 1864, and compare them with those of 1870, and you will see that more than ten times as much medical literature was produced by the members of the Institute the latter as the former year. It is expected that each bureau devote its energies to the production of a medical literature, which, in its proper department, shall do honor to the Society as a scientific organization.

In our younger days, when prizes were offered for essays for the purpose of stimulating the scholars to a greater effort, it was a fact that better compositions were written than when no prizes were offered. The system of offering premiums and prizes will stimulate the members of every organization where competition is expected; and I doubt not if prizes were offered it would add greatly to the energy and efficiency of our different bureaus. I would therefore suggest that every member who accepts his appointment in a bureau, pay to the chairman of that special department a certain designated sum, the aggregate to furnish a prize for the best essay produced in that bureau, to be awarded at our next meeting.

Other matters that I deem important for the Institute to take into consideration I will not at present suggest, as I have no doubt they will in the course of the session be brought up and properly disposed of.

I hope the Bureau on Necrology will pay just tribute to the memory of our dead of the past year. But few of our members since we last met have been called home to reap the rewards of their labor.

Gentlemen, in conclusion allow me to offer an humble tribute to the memory of Walter Williamson, that great and good physician, who has

died since our last annual gathering. He was one of the oldest veterans in the profession; always ready and willing to bear his part in contributing to and building up and sustaining the American Institute of Homœopathy. That life which he devoted to the good of mankind, and to the advancement of medical science, was sacrificed in his profession. "The character upon which death has set his seal, is filled with beautiful and impressive contrasts." In this Society he was one of our strongest representatives—a man of prompt action and ready resources. When called upon for his opinion, his words were few, but expressive of sentiments that held the closest attention of his auditory. He avoided petty wranglings and foible discussions, for his mind soared far above them. He loved order and harmony, and always cultivated them. He looked upon the American Institute as the great centre of the medical profession, and believed the time occupied by us in our deliberations belonged to every member of the profession alike, and not to the few. He has left us a noble example, the *highest* professional reputation; one that will live for ages to come. In no part of our country will his loss be felt more than in this city; here is the home of his wife and children—the friends of his manhood, the companions of his early professional labors, the County Medical Society that he assisted in organizing, the medical journal to which he was a contributor, the College which was always dear to him—here were his warm friends and patrons, that often welcomed his cheerful face at their bedsides.

It is not for me to dwell on his many and exalted virtues, for they are known to you all—would that he could have lived to be with us to-day. Well do I remember his last words as he bade us farewell in the city of Chicago, "We hope to have a glorious meeting in Philadelphia next year." I know those words embody the sentiments of every member of the American Institute of Homœopathy.

Dr. T. P. Wilson, of Cleveland, Ohio, moved the appointment of a Committee of three, to which shall be referred the President's address, with instructions to report thereon during the session. Adopted. The chair thereupon appointed Drs. T. P. Wilson, J. C. Burgher, of Pittsburg, and I. T. Talbot, of Boston, said committee.

The Chair likewise announced the following committees:

*On Credentials.*—Drs. H. M. Smith, of New York, W. E. Freeman, of Wilmington, N. C., H. M. Paine, of Albany, N. Y., J. J. Youlin, of Jersey City, N. J., and John E. James, of Philadelphia.

*On Auditing Treasurer's Accounts.*—Drs. L. E. Ober, of La Crosse, Wis., I. T. Talbot, of Boston, R. F. Baker, of Davenport, Iowa, H. M. Paine, of Albany, N. Y., and S. R. Beckwith, of Cincinnati.

Dr. R. Ludlam, of Chicago, General Secretary, then presented the Annual Report of the Institute, in the form of a volume of 620 pages, and remarked that copies for members would arrive before the adjournment.

Dr. S. M. Cate, of Salem, Mass., moved, and it was carried, that the meetings of the Institute be held between the hours of 10 A.M. and 3 P.M. A motion was also put and carried, that members be limited to ten minute speeches, no member to speak oftener than twice in discussing any one subject.

Dr. E. M. Kellogg, of New York, Treasurer of the Institute, then submitted his Annual Report, by which a deficit was exhibited of \$635.28.

A number of suggestions relative to a change in the By-laws, relating to dues of members, were referred to a committee.

Dr. S. M. Cate, of Salem, Mass., Chairman of the

#### BUREAU OF CLINICAL MEDICINE

presented the reports and papers in possession of that Bureau, as follows : "Shall we Vaccinate," by F. B. Mandeville, M.D., of Newark, N. J ; "Diarrhœa," by J. C. Burgher, M.D., of Pittsburg, Pa.; "The Prevalent Diseases of Ohio, from June, 1870 to June, 1871," by D. H. Beckwith, M.D., of Cleveland, Ohio; "Catarrhal Fever," by O. P. Baer, M.D., of Richmond, Ind.; "Medical Maxims," by H. V. Miller, M.D., of Syracuse, N. Y.; "A new kind of Parasite," by E. H. Beckwith, M.D., of Zanesville, Ohio; "Scrofulosis," by S. M. Cate, M.D., of Salem, Mass. The majority of the above papers were read by title, and referred to the Committee on Publication. The paper of Dr. Cate, on Scrofulosis, was read entire, and that of Dr. Baer, on Catarrhal Fever, partially, and these were likewise appropriately referred.

A report was received from the committee to which the Treasurer's report had been referred, expressing regret that the annual receipts were not sufficient to meet the annual expenses. It was suggested that the annual fee be increased from three to five dollars, which gave rise to considerable discussion. Finally a motion to alter the By-laws in accordance with the recommended increase of dues was adopted, after the withdrawal of an amendment to increase the initiation fee.

On motion of Dr. Watson, of Utica, N. Y., the order of business was suspended for the purpose of hearing the report of the

#### COMMITTEE ON LEGISLATION.

Dr. T. S. Verdi, of Washington, D. C., then reported at length, on behalf of that committee. His report, which was received with great applause, set forth principally the opposition on the part of physicians of the "Old School," to any and all efforts made by the homœopathists for securing their right to practice in the District. He also reviewed the action taken in the matter of the dismissal of homœopathic physicians from the office of Examiners for Pensions, by the late Commissioner of Pensions, Dr. Van Arnam, and referred to the bill equalizing the status of medical practitioners introduced into the House by General Garfield. The report of the committee concluded by submitting the following series of resolutions for the consideration and action of the Institute:

*Resolved*, That the American Institute of Homœopathy recognizes in the attempt of allopathic physicians to proscribe homœopathic physicians from offices of trust under the United States government, and the action of the American Medical Association, and of the Medical Association of Washington, in ostracizing Dr. C. C. Cox for associating with a homœopathic physician in the Board of Health of the District of Columbia, a conspiracy against the rights and freedom of American citizens.



*Resolved*, That secret sessions are held by persons and associations belonging to a class known as allopathic physicians, in which men are denounced for holding political and professional views different from their own, for which causes they undertake to, and do, punish the offender by ostracism and defamation, and by precluding him from the right of consultation, which properly belongs to all medical men.

*Resolved*, That in so doing they cause great injury to honorable and scientific men, and to the people who, in their greatest need, are deprived of the benefits derived from consultation with physicians, by this unwarranted and malicious interference.

The introduction of these resolutions gave rise to a protracted and animated discussion. A large number of members seemed to favor their passage as submitted; others thought that while something of the nature of these resolutions should be adopted, more moderate language should be used; while others again were of the opinion that it would be injudicious and unwise to take any such action as was contemplated. Finally, Dr. N. R. Morse, of Salem, Mass., moved that the resolutions be referred back to the committee, to be again reported on Wednesday morning, in order to allow of a change in the language used. The motion was carried, and some additions were made to the committed.

The report of Dr. Verdi was, on motion, received and referred to the Publication Committee, and the thanks of the Institute were voted the Doctor for his indefatigable exertions in the cause of Homoeopathy.

Dr. F. R. McManus, of Baltimore, Md., Chairman of the Board of Censors, made a report from the Board, submitting the names of seventy-three eligible candidates for membership. On motion, the report was accepted, and the candidates were elected.

The Institute then adjourned to meet at the Academy of Music at 8 o'clock, P.M., to hear the "Annual Address."

#### THE ANNUAL ADDRESS.

The spacious Academy of Music was well filled on the occasion of the Annual Address, there being present, in addition to the members of the Institute, a large number of the most intelligent and refined of the citizens of Philadelphia. Prior to the delivery of the address, a number of popular operatic airs were performed by Carl Sentz's parlor orchestra. The orator, Dr. T. P. Wilson, of Cleveland, Ohio, was introduced by the President, and addressed the assemblage at great length, his theme being "The True Relation of Man to Nature, his Origin, Character, and Destiny." This subject is one admitting a great variety of views, and Dr. Wilson presented the taking pseudo-scientific theory of Darwin, which gave rise to a protest on the part of several members of the Institute, and a vote by which, while thanks were returned for the address, its sentiments were not indorsed, but rather repudiated.

After the address, a poem, written for the occasion, by Dr. Charles H. Haeseler, of Philadelphia, and entitled "A Dream which was not all a

Dream," was rendered in fine style by its talented author. This capital poem, for which we regret the want of space,\* was an excellent take-off of the humorous production of Dr. Oliver Wendell Holmes, read last year before the Massachusetts Medical Society, and sparkled with a brilliancy not inferior to that so natural to Dr. Holmes, while conveying an excellent lesson to him and to all other laggards in medical science. The poem was greatly enjoyed by the entire audience, but by none so keenly as by those who had read the satire on modern medicine by the famous "Autocrat."

#### SECOND DAY (WEDNESDAY, JUNE 7TH).

The Institute was called to order at 10 o'clock, the President occupying the chair.

Dr. T. S. Verdi, from the Committee on Legislation, offered the following resolutions in lieu of those offered by the committee yesterday:

*Resolved*, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

*Resolved*, That the exclusion of medical men from positions of honor and trust in the public institutions of the country or in the government service, on account of medical opinions, is an abuse of power, and ought no longer to be tolerated.

*Resolved*, That the censure and ostracism with which some medical organizations are pursuing the more liberal-minded of their members, are an invasion of the rights of American citizens, and subversive of the freedom of thought and action which should characterize all scientific bodies.

The resolutions were unanimously adopted, without discussion.

Dr. Conrad Wesselhoeft, of Boston, chairman of the

#### BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS,

presented the report and papers in possession of that bureau, amongst which were articles by J. P. Dake, M.D., of Nashville, Tenn.; Temple S. Hoyne, M.D., of Chicago; Carroll Dunham, M.D., of New York; Samuel Swan, M.D., of New York; Theodore Bacmeister, M.D., of Toulon, Ill.; and C. Wesselhoeft, M.D., of Boston.

Dr. J. P. Dake, of Nashville, Tenn., sent a letter expressing his regret at his inability to be present at the meeting of the Institute. He desired to see a College of Provers, consisting of males and females, established for the proving of old and new remedies, and submitted a plan for its organization.

Dr. Samuel Swan, of New York, presented a voluminous set of provings. He had proved *skimmed milk*. The symptoms produced in one

\* Handsomely printed copies of Dr. Haeseler's poem may be obtained of Mr. Tafel. Price 25 cents.

case by the fifteenth day were severe pain in the head, a deadly sickness, with nausea, constant pain in the back, chilliness, extreme pallor in the face in the morning, extreme physical weakness coming on in the evening and going off in an hour, coryza coming on suddenly in the right nostril at night and going off in the morning, and loss of flesh.

He had proved dog's milk. The thirtieth potency was tried and produced, among other symptoms, by the twelfth day, an inflamed throat, a painful sore and grayish patch on the right side of the throat, just above the tonsils, and other symptoms of diphtheritic deposit. Sugar of milk produced in a previously healthy baby the most remarkable neuralgic symptoms, differing entirely from that of any other remedy.

Dr. Carroll Dunham, of New York, read a retrospect of the work done in the past year, exclusive of that already offered or to be offered to the Institute.

Dr. Dunham, on behalf of Dr. J. J. Mitchell, of Newburg, N. Y., presented an arrangement designed to facilitate the process of selecting a remedy applicable to certain diseases. He considered that the medicines were now becoming so numerous as to render practitioners careless, or require of them an immense amount of labor. An example was given of the method of selecting a remedy by this plan.

Dr. Dunham then presented a specimen of *Cundurango*, said to be now used extensively in the hospitals of Equador, for the cure of cancer. The bark of the root is used in the form of an infusion, which is taken in tablespoonful doses.

A paper on *Cimicifuga* (*Actea*) *racemosa*, by Dr. Theodore Bacmeister, was then presented and read.

Dr. Wesselhoft concluded the report of the bureau with a statement of the results of his own provings, devoted chiefly to the smut of corn, (*ustilago madis*) which he found to be similar to *secale cornutum*, or smut of rye. He also spoke of the toxic effects of sea-water. In this connection, he advanced the theory that those substances which are most widely diffused throughout nature have proved to be for centuries the most useful, and especially so since the foundation of homœopathy. He also spoke of the theory that sea-sickness was not so much the result of the movement on the ocean as of the breathing of atomized sea-water. He inhaled this water by means of an atomizer and found it produced, after twenty minutes, a severe pain on the top of the head and in the arms. The second and third days the same experiment produced similar results.

The chairman read a letter from Dr. J. G. Gilchrist, of Minnesota, in reference to a new repertory which he and thirty-six co-laborers are preparing.

At the motion of Dr. Dunham, the communication of Dr. Gilchrist was ordered to be mentioned on the minutes.

The Faculty of Hahnemann College made a communication to the effect that they had not thought it wise to disturb the Institute by a special



invitation, but offered free access to their museum, &c., and suggested between 9 and 10 o'clock on Thursday morning as an appropriate time for those desirous of visiting them to do so.

The papers of the Bureau of *Materia Medica* were then taken up singly for discussion.

On the paper of Dr. Dake on the establishment of a College for Provers,

Dr. Verdi remarked, that he did not understand what was meant by a "college," and thought, from the idea he formed of it, that it would be limited in usefulness. He proposed an organization under the name of the "Society of Provers," where men and women in perfect health could receive from the president certain medicines without the name being given to the substances, to be by them proven, and the results obtained reported, compared, and published for the use of the whole profession. This organization, if very thorough, might do a great deal of good, but if otherwise, it would amount to nothing useful.

The paper was then accepted and referred to the Committee of Publication.

Dr. Samuel Swan's paper on the provings of "skimmed milk," &c., was then taken up.

Dr. Samuel Lilienthal stated that he had verified some of the symptoms reported by Dr. Swan, in his own person. He had suffered from paroxysmal headaches of the left side of the head, caused by sunstroke, during the past four or five years. Dr. Swan gave him a single dose of his preparation and it relieved him at once, and he had not been troubled with it since.

Dr. Swan, in reply to a question, stated that the preparation used in making his provings, was made from perfectly pure milk, without any adulteration whatever.

Dr. N. R. Morse: It would seem that the provings reported by Dr. Swan are almost unworthy of credence, but the Doctor kindly gave me some of his preparations, which I used a short while ago in a case which troubled me very much. I gave the two hundredth potency, and the patient was entirely relieved.

Dr. George F. Foote added his testimony. He had a patient who was excessively troubled with nausea without vomiting. No remedy that he could find would afford more than temporary relief, until he gave the two hundredth potency of this remedy, with the most prompt effect. The symptoms recurring some time afterward, he gave the one thousandth dilution, with a like prompt relief; but on the return of the symptoms a third time there was no further good effect from the remedy.

Dr. I. S. P. Lord, of Poughkeepsie, N. Y., stepped into the ring at this juncture, and in his facetious way demonstrated to the Institute how much easier it is to make game of a man's work than to do something useful. He said: It seems to me that we are getting in a bad way. It does not look well. Certainly, every man should give one medicine

at a time, and yet here you are talking about giving a medicine where one dose contains from eleven to fourteen compound substances. It does not look proper. Do you know what is in milk? If you have ever been in the buttery you ought to know. I have undertaken to drink milk that was bitter with the herbs that the cows had eaten. It was not palatable. I have seen milk put on the table not fit to use in the tea. It was so bitter you could not swallow it. I have seen butter so bad you could not eat it. You give your cows carrots, and you will have carrots in your milk, and you will have anything in the milk that you feed your cows on.

Now it seems to me that we are coming down. We should take the cream of all subjects—now you have thrown away your cream, and brought us down to skim milk. [Laughter.] But I don't thrive on it, and not only so, I cannot see any use in thrusting it upon us at this early day. If it is a matter that has any good in it it will keep. [Applause.] I hope there will be no more said about this subject, for I have always observed that skim milk gets to bonny-clabber when it thunders. [Applause.] Now, gentlemen, if you please, let this rest another year, and you will find that you will have nothing but butter-milk. [Uproarious applause.]

Dr. David Thayer, of Boston, who had previously expressed an opinion that the valuable papers presented by the Bureau of Materia Medica were of such importance that portions of them, at least, should be put into the hands of members at an early date without waiting for the issuing of the entire volume of transactions, offered the following resolution:

*Resolved*, That the Committee on Publication be instructed to have the papers of the Bureau of Materia Medica, Pharmacy and Proving published at once, in the style and type of the annual proceedings of the American Institute, and sent in sheets to each member of the Institute, that they may have the benefit of the same, and enrich each proving by their clinical experience and further proving.

This was discussed for some time. It was argued that the fund of the Institute did not warrant such an expenditure. Dr. Verdi explained that the cost would be moderate. Finally, the resolution was adopted.

The paper of Dr. Baemeister, on *Cimicifuga racemosa*, was then discussed.

Dr. R. Koch, of Philadelphia, stated that *Cimicifuga* had produced very happy results in his hands, in the treatment of puerperal fever, and had acted as a preventive of that disease. He had given it in several cases in which he believed the patients were rapidly sinking into puerperal fever, and thought he had thereby averted the threatened disease. A marked and characteristic indication for its use was, a peculiar mental disturbance, in which the patient says, "I don't know what is the matter with my head; I don't feel like myself." Connected with this mental condition, is usually a bluish hue of the face. He had also used *Cimi-*

cifuga in rheumatism, especially acute, which it frequently allays in a very short time. He used the second decimal dilution usually.

Dr. J. C. Morgan, of Philadelphia: I would like to add my approval to the last remark of Dr. Koch. In a recent case of very obstinate heart disease, brought on by fright during debility from a previous diarrhoea, a number of remedies were prescribed, glonoine being prominent. Finally, through a sort of empirical idea, I was led to prescribe the cimicifuga, the result being satisfactory. I will state the prominent symptoms as I recorded them. It was an elderly lady of about fifty. She would be aroused from her sleep by a violent throbbing at the heart, with flushes of the body, accompanied by a profuse perspiration, at the same time an increase of the urine. This case was treated by the two hundredth dilution, diminishing the frequency of the doses, and running up to higher potencies as the symptoms seemed to give way.

Dr. Pemberton Dudley said he had seen almost magical results follow the administration of Cimicifuga, in various cases. Dr. Newton May, of Holmesburg, had first called his attention to the remedy for cases of rheumatism of the lower extremities. He thought that its action, when indicated, was very prompt, showing very decided effects in three, or at most four, days.

Dr. Thayer had found it very useful in some forms of heart disease. He was of the opinion that organic diseases of the heart are as curable as other diseases, in early life.

Dr. Craig had used it in cases of headache occurring in women, with very prompt curative effects. He had also used it in cases of heart disease.

Dr. O. P. Baer regarded Cimicifuga as one of the most valuable of medicines, but was of the opinion that better results were obtained from the higher than from the lower preparations.

Dr. Bowen had used it for several years, and had had almost magical effects from it in rheumatism. He regarded it as an invaluable agent in the treatment of partial or undeveloped *delirium tremens*, of which not a few cases are met with. The irritation of the brain is so kept up by liquor that the mind becomes enfeebled, although the person knows what he is doing. He had likewise used the remedy in heart diseases, and in diseases of women when there was a loss of vital energy and a tendency to melancholy.

Dr. Smedley, of West Chester, corroborated all that had been said about the action of Cimicifuga, and recited several cases in which he had used it. He had found it beneficial in organic diseases of the heart.

Dr. C. H. Haeseler spoke of a proposed scheme to have photographs taken of the original members of the Institute, in one group, and also a group of the entire body as at present organized. Sufficient encouragement was not received, and the proposition was allowed to go by default.

Dr. F. R. McManus, chairman of the Board of Censors, then presented a supplemental list of applicants for membership. Several names were



objected to, but the objection centred upon one applicant, a graduate of the "University of Philadelphia," which institution was charged with trading in diplomas. A war of words ensued, and finally the objectionable name was referred back to the Censors, to obtain further information.

The report and papers of the Bureau of Materia Medica, &c., were then accepted and referred to the Committee of Publication.

#### THE COMMITTEE ON NOMENCLATURE AND PHARMACY

was then called to render a report. No report was made, and it was stated that the committee regarded their duties as merged in the duties of the Committee on Homœopathic Dispensary.

The report and papers of the

#### BUREAU OF OBSTETRICS

being next in order, Dr. H. N. Guernsey, of Philadelphia, gave a brief verbal statement of his views in regard of the treatment of puerperal convulsions.

Dr. J. H. Woodbury, of Boston, commenced to read his paper on "Topical Applications in Uterine Diseases," when it was moved to adjourn until 10 o'clock Thursday morning, the heat being intense, and the session having already lasted upwards of four hours.

A report was received from the Committee on Credentials, in which it was stated that two hundred delegates and members had presented themselves up to that time; and that delegates were present from fifteen state societies; forty-one county and local societies; twenty hospitals and asylums; twenty-two dispensaries; eight medical colleges; and eight medical journals.

#### THIRD DAY (THURSDAY, JUNE 8TH).

The Institute convened at the usual hour; the President occupying the Chair.

The Secretary, Dr. Ludlam, announced that he had received a telegram from San Francisco, signed by a number of homœopathic physicians of that city, inviting the Institute to meet there in 1872. The invitation was greeted with applause, but not acted upon.

As Dr. George F. Foote, of New York, desired to return to that city, he was permitted to address the Institute. His chief object in making the request was to state the progress of the effort to found a homœopathic insane asylum at Middletown, Orange County, New York. After stating the difficulty experienced in obtaining funds, he said: "I then made a strong appeal to the citizens of Middletown. All the subscriptions were given to us in notes payable in one year, and these were used in payment for the land, and the deed given to the state, according to agreement. Now we are entitled to \$75,000 from the state, and this sum we shall probably receive next week. We have already commenced work upon

the ground, and have fifty men employed putting up the first central building. It contains room for about forty patients, in addition to the officers. By next winter some time we think we shall be able to open it for patients. There is a strong inclination on the part of the trustees, as well as of myself, to call upon the people to make up the \$20,000 that is now needed. For this sum we will get \$40,000 from the state, which we can use in putting up another building. Some physicians are already trying to obtain the money in this way. Some people think that because the asylum will be built in New York, and the state fathers the institution, that it is a local one. But this is not so; it is a national institution; the charter is so arranged that the trustees have entire control. The running expenses of the institution will be charged to the patients, come from where they will. If you will all help us we can, by another year, accommodate perhaps one hundred and fifty patients. If we get \$20,000 more we will then have \$225,000 in all to put upon the building."

Dr. J. H. Woodbury, of Boston, then resumed the reading of his paper on "Topical Applications in Diseases of the Uterus," which had been interrupted by adjournment on Wednesday.

Dr. O. B. Gause, of Philadelphia, read his paper, entitled "A Criticism on the Ordinary Rules for the application of the Obstetric Forceps," which was listened to with marked attention.

Dr. E. G. Beckwith, of Zanesville, Ohio, read the account of a case of violent after-pains with hemorrhage, caused by irregular contractions of the uterus.

Dr. S. S. Lungren, of Toledo, Ohio, gave a brief account of a remarkable obstetrical case, occurring in his practice.

Dr. E. W. Townsend, of Greensburg, Pa., presented a paper, giving the details of a case of congenital enlargement of the kidneys of an infant, and exhibiting the abnormal kidneys.

At this juncture, the Committee on Credentials again reported, stating that nearly three hundred members and delegates had presented themselves, the latter representing fifteen state medical societies, forty-two local or county societies, twenty hospitals and asylums, twenty-two dispensaries, nine medical colleges, and eight medical journals.

Dr. Gause's paper was then taken up for discussion.

Dr. G. W. Swazey, said that one might infer, from the position taken by Dr. Gause, that the use of the forceps was a common necessity. In a practice of over thirty years, he had used the forceps rarely, and only under the strictest necessity. He believed that in almost all cases the processes of nature were sufficient to accomplish her purposes, without instrumental aid. He believed that the careful watching of cases and reliance upon nature was more to the purpose than a reliance on the forceps. He deemed the subject one deserving the gravest consideration.

Dr. T. S. Verdi said he had frequently used the forceps in the early days of his practice, but for a long time past he had discarded them as

unnecessary. He was opposed to their frequent use, and believed that in ninety-nine cases out of a hundred they are not needed.

Dr. Lyman Clary, of Syracuse, said he thought that in some cases a great deal of suffering might be prevented by the timely use of the forceps. Nature is not always sufficient. The old rules arbitrarily laid down for the guidance of young physicians, are often pernicious, as he knew from his own experience. He thought the physician should always be equal to the situation, and able to discriminate.

Dr. Charles H. Haeseler said he did not see why there should be such a dread of the forceps. Those who cannot understand their use should never apply them. They are certainly of great assistance in many cases, and there are emergencies which imperatively call for their use.

Dr. Swazey said his success in obstetric practice had been uniform, without their use. Some seem to think that the forceps should be used simply to save the patient pain. In his opinion a great deal depended on the physician being able to inspire his patient with courage and hope. When they are thus dealt with, and the natural forces not interfered with, everything goes on well.

Dr. A. S. Ball, of New York, indorsed Dr. Swazey's views regarding the importance of encouraging patients in childbed, and assuring them of a successful issue.

Dr. H. N. Guernsey said that he regarded the use of the forceps as at times necessary. At the same time he was ready to indorse a great deal that Dr. Swazey had said. Our materia medica is to be used in all cases, in obstetrics as well as in strictly medical practice. If things are going wrong, we have the symptoms to guide us to a remedy that will afford relief. If the forces of nature are working harmoniously and in a right direction, then we are all right, and everything will go well; but if there is anything going wrong, the properly selected homœopathic remedy is more likely to correct the disturbance of the natural forces than anything else. He believed in coming up to the full measure of homœopathy, and using our remedies.

The discussion on the papers of the Bureau of Obstetrics was then closed.

Dr. T. S. Verdi offered the following resolutions, which were made the special order for Friday at 10 o'clock

*Resolved*, That the American Institute of Homœopathy deem it inexpedient to have a public oration delivered hereafter by any member at the meeting of the Institute.

*Resolved*, That the President shall make an address at the opening of each session of the Institute, which address shall contain a general review of the progress of medicine and homœopathy during the past year, and such suggestions as he may deem necessary for the Institute to take action on during the session.

Dr. I. T. Talbot, of Boston, Chairman of the Bureau, then presented the report and papers of the



## BUREAU OF SURGERY,

which embraced the following papers: On Ovariectomy, by I. T. Talbot, M.D., of Boston; on Hernia, by G. D. Beebe, M.D., of Chicago; on Resection of Joints, by E. C. Franklin, M.D., of St. Louis, Mo.; Recent Surgical Improvements, by Bushrod W. James, M.D., of Philadelphia; on Polypus Conjunctivæ and Hemeralopia, by T. F. Allen, M.D., of New York; on Fractures, by N. Schneider, M.D., of Cleveland, O.; Means and Instruments for arresting Hemorrhage, by William Tod Helmuth, M.D., of New York; Diseases of the Lachrymal Duct, by C. T. Liebold, M.D., of New York; Clinical Surgery, by Malcolm Macfarlan, M.D., of Philadelphia; on Strabismus, by James B. Bell, M.D., of Augusta, Me.; on Mechanical Obstruction of the Bowels, with cases, by A. R. Thomas, M.D., of Philadelphia; on Intestinal Calculi, by Charles H. Von Tagen, M.D., of Harrisburg, Pa.; Clinical Aural Surgery, by H. C. Houghton, M.D., of New York; Exsection of the Joints and the use of Wire Sutures, by S. R. Beckwith, M.D., of Cincinnati, O.

Dr. Talbot made a general report of the action of the bureau. Mention was made of the advance of homœopathic physicians in the art of surgery. One reason given for this progress was said to be the increase in the number of homœopathic physicians, but the chief cause was owing to the bigotry and intolerance of some of the allopathic physicians, who would treat with the greatest severity any one of their associates who consulted with any of our school in a case of surgery. Under the circumstances, the homœopathic physicians have been compelled, in self-defence, to give due attention to surgery, and they now have many men in their ranks capable of performing the most severe operations.

The case of polypus of the eye was illustrated by a diagram, and Dr. Allen stated that it was almost cured now by the administration of zincum, lycopodium, and calcarea.

Dr. Liebold read an abstract of his paper on "Diseases of the Lachrymal Duct and Gland."

Dr. W. T. Helmuth read a list of the contents of his paper, which occupied ninety pages, including a thorough dissertation on the Hemorrhagic Diathesis, and all the medicinal and mechanical means of treatment. He read in detail that portion which referred to position and overforced flexion in checking the flow of blood. For a wound of the palmar arch, he advised a pad to be placed over the inner aspect of the elbow-joint, and the arm forcibly flexed and bandaged in that position.

Dr. B. W. James, exhibited and explained the use of a large number of newly introduced instruments, and was followed by Dr. A. R. Thomas, on "Mechanical Obstructions of the Bowels." The number and character of the papers presented by this bureau, show the rapid advances made by homœopathists in the prosecution of practical surgery.

Dr. F. R. McManus then presented a report from the Board of Censors, with the names of a number of applicants for membership; but

before concluding his report said: "I now come to the names of three ladies, and wish to make a little apology for leaving them to the last."

A motion was made that these three names be not read.

Dr. S. R. Beckwith said: I desire to call your attention, Mr. President, to the proceedings at Boston. I see here what strikes me as being unconstitutional and an unwarrantable procedure. I find by this that Dr. Swazey gave notice that he would then and there offer an amendment to the constitution, having previously stated that he had given such notice. His motion was to insert the words "male and female" after the word "others." After some remarks by the Doctor, I find that there was no action taken on his motion, but that Dr. H. M. Smith said he was glad to hear from the Secretary that no change in the Constitution was necessary to admit ladies. He, therefore, offered the following as a substitute to Dr. Swazey's amendment:

*Resolved*, That properly qualified physicians—men or women—are eligible to membership in the American Institute of Homœopathy.

Gentlemen, it must be evident that this was not an amendment to the Constitution, and that the whole procedure was unconstitutional. Now, as evidence of this, I will read the words of the Constitution. Article 8 states: "The Institute shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its By-laws." Article 9 of the By-laws says: "Any person who shall have pursued a regular course of medical studies according to the requirements of the medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he is properly qualified, etc., shall be elected."

It will occur to you, Mr. President, that the term "he" is used, and this in 1844, at a time when no medical institution of this country received ladies as students or graduated them. It strikes me that the term "he" does not include females; hence I made the motion that the Board of Censors do not read these names.

That is the first ground upon which I base my objections. The second ground, and I speak it with all respect to the ladies and the members, is this, that for twenty-two years I have lectured in a college in which it has been the custom to admit females, and I have found them a disturbing element. The American Institute will be disturbed in its harmony by changing these By-laws and this Constitution. I have just as much regard for lady physicians as any.

Further, I shall most distinctly claim from the Chair that this ruling in Massachusetts was unconstitutional and illegal, and that the Board of Censors have no right to offer the name of any lady at the present time. I do hope that the dissensions which have already sprung up may be quieted by letting the matter entirely drop. Let each member of the Institute be consulted by letter, and then if we come together, if it is but a majority of one among the thousand members, no man would more quietly submit than I. I know very well that this subject is never

brought up in the West; it is only in the East that it is ever started upon us.

Dr. Swazey called for the reading of the first resolution, passed in 1869.

The Secretary read :

*Resolved*, That properly qualified physicians—men or women—are eligible to membership in the American Institute of Homœopathy.

Dr. Swazey now took the floor in the midst of loud applause, and said : Mr. President, if this question is to be forced upon us for consideration in this manner, it gives me great pleasure to see it introduced in this cool and dispassionate manner by a gentleman who has had, as he claims, so much experience with matters pertaining to the subject in a general way, and who appears to be such a free expounder of constitutional rights. I have listened carefully to his words, and am obliged to take plain issue with him on this question. I suppose the Institute has a right to say for itself what is constitutional and what is not. That matter was settled in the resolution just read. It is the deliberate voice of the Institute, and in its adoption it was understood to express the sentiments of the Institute as to the meaning of the Constitution. Moreover, if that be a question, I am prepared to show you by the record that it was then the belief that no change in the Constitution was necessary. I will approach the subject only in the plainest practical and common-sense way, namely : I assert that after a discussion, full, and free, and fair, and unmistakable, that resolution was passed that "women as well as men are eligible to membership." [Applause.] The vote was taken by yeas and nays, and was passed by a two-third majority in a session numbering 125 members. It was thus settled; there was mutual congratulation that the thing was settled forever.

I am not here to advocate woman's rights; it is simply a question of right with us. Will the Institution to-day fulfil the obligation of the Institute of 1869, when they recorded their voice upon the transactions and published them to the world? They have had a standing invitation these two years for the women to come forward and join us. They have acted upon it, and come here. Are we going to insult them and the world by inviting them here, and then telling them that it is unconstitutional; [cries of "No"] that we have forgotten ourselves, and that we, upon consideration, will take back the matter for further action? Such a proceeding would outrival the disgraceful doings of the Allopathic Association at San Francisco. This is a question of right, whether we will stand by our contract and elect ladies who come here. If we fail to do this we put ourselves in an attitude that will forever disgrace us. [Applause.]

Dr. McManus asked that the names already read be approved. He desired this as a personal favor, as he was fatigued.

Dr. Griffith moved that the motion not to read the three names be laid on the table.



Dr. S. R. Beckwith rose to a point of order, but it was not granted, and the motion to table was carried by a large majority.

A motion to elect the candidates whose names had been read was made, and an amendment offered to include the other three names.

Dr. S. R. Beckwith again rose to a point of order. He said: I called for a decision of the chair as to the constitutionality of the right to read those names. I assert that the Board of Censors have no right to present those names. They are presented unconstitutionally and against the spirit and wording of the By-laws.

Dr. D. H. Beckwith, President, said he had taken counsel of some of the best lawyers and jurors, and they had decided the action at Boston to be unconstitutional.

Several members loudly appealed from this decision, and the right to argue it was granted.

Dr. Swazey, who had been standing all this while under the belief that he still had the floor, said: I would like to know where I stand. [Laughter.]

Dr. Beebe. On this question of appeal I would like to state that Dr. Swazey brought in an amendment to the Constitution which laid over for one year, and then came up in its proper order. Dr. Smith then offered an amendment to Dr. Swazey's amendment. Dr. Smith's motion was carried by 85 to 32. Dr. McManus inquired whether that vote was final, and it was so decided. The original amendment was never put. That amendment, then, of course, falls. All I ask is that the action taken in this matter may be legal, so far as it goes.

Dr. Morgan. I ask whether the amendment offered by Dr. Swazey, now lying on the table, could not be brought up now and acted upon? Is not that the only legal shape in which we can put it? I move to take it from the table.

Decided out of order, until the question was taken on the appeal.

Dr. Swazey. This is not a verbatim report of the proceedings at that time; it is but a brief account of the matter, and, if a Philadelphia lawyer should get hold of it, hard as he is to puzzle, he would never find his way out of it. There was a good deal of talk going on, the President was confused, and I was called upon to explain. I said, it is only to make the meaning of the Constitution clearer, for the instrument, as it stands, does not expressly exclude females, and it never was so understood in the Institute. The question was put, but it was not Dr. Smith's motion. That is the point I take. The vote was carried by 85 to 32.

Loud calls were now made for the question on the appeal. Considerable confusion followed, and a few angry words were spoken, here and there, by members anxious to get the floor.

Dr. S. R. Beckwith. This decision, as I see by the tenor of the body, will not decide this matter, and it only comes forward more complicated than ever. I can only state, as I said before, that I will abide by the will of the majority, but I want to see it voted on by all the members.

He was frequently interrupted by cries of "order," "question," "go on," but he proceeded.

Well, gentlemen, I propose to have my rights here. If I am out of order, treat me like a man. I say, let us sustain the Chair. How can we have a legal Institute if we do not go according to the Constitution? You know very well that this question is always quiet except in the Eastern States.

A motion was made to adjourn, which was voted down.

Dr. Morse. The gentleman says this is all done in the East; why did he not take it up in Chicago?

Dr. D. H. Beckwith, Chairman. My decision was that these actions were unconstitutional. You will allow me to state why I decided so. In looking very carefully over those resolutions, I found that they conflicted in a number of places, consequently I gave them considerable study, and have consulted legal authority. Dr. Swazey is perfectly right. Dr. Smith's motion did carry, and it may be the sentiment of the Institute. The original motion was not acted upon at all.

Dr. Morgan again suggested the idea of taking up the original amendment offered by Dr. Swazey.

Dr. Lilienthal. Do you come here, Mr. President, as a physician or as a male? Those ladies do not come here as women; they come here as physicians, and we have no right to go behind our action two years ago.

This was received with applause and loud cries of "order."

A member contended that, when an appeal was made from the decision of the Chair, no one but the Chairman and the author of the appeal had a right to discuss it.

A vote was taken on the appeal, when Dr. S. R. Beckwith called for the yeas and nays.

The Secretary. There are over a thousand names.

Dr. Beckwith. I do not care if there are two thousand.

The Chairman decided that he had the right to demand the yeas and nays. Several members discussed the question at once, and great confusion followed. In this dilemma, Dr. Beckwith yielded his demand, and the question on the appeal was decided by a standing vote against the decision of the Chair.

On motion, Dr. McManus read the three remaining names. They were Harriet S. French and Harriet J. Sartain, of Philadelphia, and Mercy B. Jackson, of Boston.

The minority report, signed by Drs. McManus and Beebe, stated that the By-laws do not make women eligible to membership, and held that it was necessary to amend the By-laws before women could be admitted.

A motion was made to take up the minority report.

Dr. S. R. Beckwith. I wish to enter my most solemn protest against this action. All I want is for the Institute to act in a legal manner.

Dr. E. C. Beckwith, of Zanesville, Ohio. I made the motion to accept the minority report, not because I am opposed to admitting females; I

believe it right. This quarrel is only in its commencement, if it is not clearly settled now.

Dr. Verdi. I am not opposed to the admission of women, but I am opposed to doing anything unconstitutional. No body can stand, not even the United States, if it does not proceed according to its constitution. I move that the minority report be laid on the table. Carried.

Dr. Cate. I move that the names of the men who have been proposed be elected, and that the names of the women be referred to a committee to examine the Constitution, and see if they can be admitted legally, that committee to consist of—

Called to order, in naming a committee.

Dr. Baer moved to adopt the majority report.

Dr. S. R. Beckwith moved to amend by postponing the motion until the next day.

Dr. Lord. There is no doubt that this Institute is competent to determine any mooted question on their own constitution. [Applause.] This is a mere matter of personal feeling. There was a king in Africa [cries of "question"], and he kept a man standing before his door all night to give him notice in the morning when the sun was going to rise, and he was ordered to inform the sun that it must not get up before his majesty. Now, gentlemen, I do not like the women—of course, with a few exceptions—nevertheless the sun is up. We may look, or not, just as we please, but it is eight o'clock in the morning. [Loud laughter and applause.] It is no use to fool away our time in this business. Let us not wait until noon, when we cannot gaze on the sun. [Applause.] If we do not admit these women, now that they are here, we shall be made to suffer for it when we go to bed. [Laughter and applause.]

Dr. Baer. What is before the house?

Chairman. Dr. Cate's motion.

Dr. Cate withdrew his motion.

Dr. Baer. I move to accept the majority report.

Dr. Beckwith, of Cleveland. Dr. Cate's motion was the property of the house, and could not be withdrawn.

Chairman. It was not stated by the Chair, and therefore can be withdrawn.

Dr. Swazey. I move that the majority report of the censors be accepted, and that the names of the individuals—male and female—be elected.

Dr. S. R. Beckwith. I move to amend by adding that the matter be referred to a committee of three.

Considerable confusion occurred at this juncture, and various motions were made.

Dr. Morgan made many efforts to speak, but his voice was drowned. A motion to adjourn was made by some one, and the previous question was called.

A division was called for on the vote to adjourn. Result—yeas, 30; nays, 35.



The previous question was announced by the Chairman to be Dr. Beckwith's motion. Cries came from all parts of the room that that question was not before the house. It was put, however, and the amendment voted down.

Dr. Swazey's motion to accept the majority report was adopted, and the announcement greeted with great applause.

Dr. Morgan again called for Dr. Swazey's amendment to the Constitution, and that it be acted upon by the Institute at 9 o'clock in the morning. A division was called for on the vote. Result—yeas 47; nays 40.

Thus the American Institute of Homœopathy at length placed itself properly on record as a truly liberal and progressive institution, in marked contrast to the narrow-minded trades-union action of the Allopathic American Medical Association in its sessions at Washington in 1870, and in San Francisco in 1871.

It was nearly five o'clock when the Institute adjourned, to meet on Friday morning at 9 o'clock.

#### FOURTH DAY (FRIDAY, JUNE 9TH).

The session on the fourth day began shortly after nine o'clock, Dr. J. J. Youlin, of Jersey City, presiding.

Dr. Morse read the article in the Constitution which was so freely discussed the day before, and also the article of the By-laws which used the word "he." These By-laws, he said, could be amended at any time by the Institute, and, as some doubt existed in regard to the legality of the action at Boston, in 1869, he moved to amend the By-laws by adding "and she" after "he."

Dr. McManus moved to lay the motion on the table.

Dr. Smith said that the Bureau of Organization, Registration, and Statistics would present a proposition that would cover the ground.

Dr. Morse then withdrew his motion.

The reading of papers presented by the Bureau of Surgery was then resumed.

Dr. Charles H. Von Tagen then read a portion of his paper on a case of abdominal fibroid tumor.

Dr. G. D. Beebe moved that all other papers of the Bureau be read by title and referred to the Committee of Publication.

A motion to suspend all discussion on papers already read was passed, which cut off remarks on Dr. Beebe's paper on Ovariectomy. He had presented a novel method of dividing the pedicle, and then, by torsion, closing the vessels, dispensing with the clamp and ligature.

Dr. Bushrod W. James exhibited and explained the use of a new vaginal speculum, intended to facilitate operations upon the uterus, &c., the invention of Dr. John C. Morgan, of Philadelphia.

Dr. I. S. P. Lord, Chairman of the

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE, presented the report of that Bureau. The only paper offered was one by

himself, on the physiological properties of a cell, which was referred to the Committee of Publication.

Dr. Henry M. Smith, of New York, made a general report of the proceedings of the Bureau of Organization, Registration, and Statistics. The Bureau proposed to amend the By-laws so as to avoid the use of the word "he," and to amend Article 10, so that another bureau—the "*Bureau of Medical Literature*"—may be added. This bureau will prepare a résumé of everything that has transpired during the year, in homœopathic and old school literature. Both amendments to the By-laws were unanimously adopted.

Dr. McManus offered the following :

*Resolved*, That all reports or papers which are to be published with the proceedings of the Institute, shall be handed to the Secretary within thirty days after the close of the session, in order to facilitate the publication of the proceedings, otherwise they will be excluded.

Received with applause and unanimously adopted.

Dr. Verdi's resolutions, relating to the inexpediency of appointing an orator to deliver a public address, and defining the scope and character of the President's address, which were made the special order for ten o'clock, were now taken up.

Dr. Verdi. In offering these resolutions I do not intend to convey any reproach or regret; on the contrary, nothing but praise to all the gentlemen who have entertained the Institute with an oration. At the beginning the Institute required all the strength that homœopathic physicians could employ for its success. Orations and addresses on the subject were very important. Homœopathy to-day, however, has grown to be an agent of strength—an agent that can progress through its inherent power without the assistance of orations to the public. It is an unnecessary expense to the Institute.

Dr. Dudley. I am not in favor of discontinuing these orations, but I am in favor of guarding the Institute to a certain extent. I think that these orations are the medium by which the Institute communicates with the public, and makes known the prosperity of homœopathy. We are cutting too deeply when we discontinue them. I move the following substitute :

*Resolved*, That a committee of three shall be appointed at each annual meeting, the chairman of which shall be a resident of the county in which the next meeting is to be held, who shall examine the address to be delivered, and report whether approved or disapproved, and such report shall be in order at any time after the conclusion of the President's opening address, and no address, disapproved by the committee, shall be delivered from the platform of the Institute, except by a vote of the majority thereof.

Dr. S. R. Beckwith. I hope this will not pass.

Dr. Pearson proposed a change in the By-laws, to the effect that any

member shall have his name stricken from the roll when convicted of recommending, over his printed signature, any patent or compound medicine, such as syrups, cordials, bitters, and pills.

In making this proposition, he said, I do so with some feelings of regret, but certainly with no malice toward any one. I regret that the signs of the times indicate its necessity. We have no standard as to what constitutes orthodoxy in homœopathy. We belong to a class of physicians who profess to believe in certain principles that distinguish them from all others, and, in order to correct false ideas and prejudices in the community, it is necessary that we have an unbroken front. If we compromise with the enemy, or pander to public prejudice, our progress must be uncertain. I hope, therefore, for the sake of consistency, that this proposition will be entertained. Let those use drugs who will, but whoever abandons our principles, let him also abandon our name.

The Chair ruled the proposition of Dr. Pearson to be out of order.

Dr. Beebe. This substitute by Dr. Dudley places the Committee of Arrangements in an awkward position. The hall must be engaged some weeks in advance, and if the Committee should report adversely on the address, they will be at a loss to know what to do.

Dr. Pearson. I am opposed to doing away with that time-honored custom. It is well understood by the audience that the speaker only is responsible for what he says. Are we to proscribe free thought? We have heard enough of it within the last few years, and we are certainly the last set of men to do anything of the kind.

Dr. Dudley. Is it right that we should have addresses thrust upon us with which we do not coincide? I do not understand that the committee agree to indorse the sentiments of the orator.

Dr. Lilienthal. We have enough censorship in Europe; for God's sake do not let us have it in this country. We do not want any oration.

The substitute was defeated by a large majority.

Dr. Koch offered this as an amendment:

*Resolved*, That the resident physicians of the places of meeting of the future sessions of the Institute, are not expected to give a public entertainment to its members.

The Chairman would not accept this as an amendment.

Dr. S. R. Beckwith moved to strike out the last clause of Dr. Verdi's resolution.

A motion to indefinitely postpone was lost.

Dr. McManus offered another amendment, that the subject of every annual address shall be confined to medical and scientific subjects, to the exclusion of all matters either political or religious.

Not accepted as an amendment by the Chairman.

The motion to strike out was lost, and Dr. McManus offered his proposition as a substitute. This was lost, and the original resolutions of Dr. Verdi were adopted by a large majority.



The rules were suspended in order to admit invitations for the next place of meeting.

Dr. Verdi, in a long speech, invited the members to Washington.

Dr. S. R. Beekwith read an invitation from the State Society of Ohio to hold the next session in Cleveland.

Another invitation to San Francisco was received from the Society of California.

Dr. Holt wanted the Institute to meet in Washington, because it would result in the most good to the profession. "If the old school meets in Washington every other year, we should go there to checkmate them."

Dr. Verdi. I want you to understand one thing. We have no personal claims. I speak for the interests of homœopathy at large. If you had to butt against Senators of the United States as I have, you would understand our difficulty. A party of physicians met in Washington last year, and were so disorderly in their proceedings that the police were kept in readiness to quell any disturbance. They met in San Francisco this year, and acted in such a manner as to bring a blush to the cheek of any honest man. They proscribe the best members of their school for sitting in church with a member of the homœopathic profession. They have the woman question a great deal worse than we have; they have the negro question, and, therefore, they are kept all apart. Let the people in Washington see what our Society is composed of, and it will help us a great deal.

Dr. Ludlam. The old school have one question yet to dispose of. They have disposed of the women, they have quarrelled about the negro, and next in order they take up the "Heathen Chinese." While they are discussing the subject, it is better for us to go to California.

Dr. Gray. I think the agitation in Congress for the past year makes it very important for us to be in Washington next year. Our friends in Cleveland can wait.

A vote was taken on the motion to accept the invitation to go to Washington, and it was accepted.

The Institute then proceeded to the election of officers to serve the ensuing year, commencing January 1st, 1872, with the following result:

*President.*—I. T. Talbot, Boston, Mass.

*Vice-President.*—J. J. Youlin, Jersey City, N. J.

*General Secretary.*—Robert J. McClatchey, Philadelphia.

*Provisional Secretary.*—Bushrod W. James, Philadelphia.

*Treasurer.*—E. M. Kellogg, New York.

*Censors.*—F. R. McManus, Baltimore; J. E. James, Philadelphia; G. W. Swazey, Springfield, Mass; Clement Pearson, Mount Pleasant, Iowa; Ross M. Wilkinson, Trenton, N. J.

Dr. G. D. Beebe moved that the Institute now *regularly* elect the ladies who had been *irregularly* elected on the day previous.

Dr. W. W. Rodman, of New Haven, Conn., objected to the use of the words "irregularly elected," as a majority of the members present had

voted that the action taken was regular, and moved as a substitute for Dr. Beebe's motion, that the election of the ladies be now confirmed, which substitute was adopted by a large majority.

Dr. A. S. Ball, of New York, offered the following :

*Whereas*, Alcohol is proven by its pathogenesis, by pathological changes in the kidneys and liver, by its effects on the brain and nervous system ; and,

*Whereas*, The theory, as announced by the distinguished chemist, Liebig, that vitality is sustained by the chemical generation of caloric is now fully proven to be false ; and

*Whereas*, The recent assumption of the distinguished French chemists, that alcohol is a "food substitute," by its direct power in diminishing waste of the system, and thereby requiring less food, is too absurd to demand refutation ; and

*Whereas*, Recent experiments fully agree in the fact that alcohol is mostly, if not wholly, absorbed and taken into the circulation, when taken into the stomach, and deposited in the various cavities of the body without change ; and

*Whereas*, The careless and almost indiscriminate prescription of this powerful toxic agent by the profession as a stimulant leads to its too common use as a beverage, thus spreading ruinous inebriety in the community ; and

*Whereas*, We, as physicians, influence and modify public sentiment, and are responsible for the physical and moral welfare of our patients in so far as affected by this agent, therefore

*Resolved*, That we hereby express our alarm at the great and increasing evils resulting from the use of alcohol as a beverage.

*Resolved*, That we commend the same caution in its use as should ever be recognized in the prescription of any active poison, and urge the profession to a careful and wise restriction in its employment as a remedial agent, especially in incipient phthisis, where it has been so habitually and unsuccessfully prescribed.

On motion, the preamble and resolutions were referred to the Bureau of *Materia Medica*.

Dr. Koch again presented his resolution referring to the giving of entertainments to the Institute by the physicians residing in the places at which its sessions are held. It was adopted after being slightly amended.

Dr. S. R. Beckwith moved that all papers presented to the Institute be referred to the Committee of Publication, with power to publish the same, and Dr. W. A. Reed moved to amend by adding the words "with the exception of the annual address." The motion as amended was agreed to.

Dr. T. S. Verdi moved that when the Institute adjourn, it adjourn to meet in Washington, on the 22d day of May, 1872. Adopted.

Dr. Pemberton Dudley, of Philadelphia, presented the following, looking to the holding of an

To the American Institute of Homœopathy :

The undersigned, members of the Institute, would suggest the adoption of the following :

*Whereas*, It is desirable, in order to secure the most rapid extension of our doctrines possible, that we should make use of all proper opportunities to cultivate the warmest and most hearty sentiments of brotherhood, and to secure entire harmony of action on many important issues connected with medicine, among the members of our profession in all parts of the world, and

*Whereas*, One of the best methods for securing such unity of sentiment and concert of action, is found to consist in the convention of physicians for purposes of friendly medical discussion, and

*Whereas*, Opportunities for assembling in one convention the profession of Europe and America are extremely rare, and

*Whereas*, Such an opportunity will be afforded upon the occasion of the *Centennial Celebration* in Philadelphia in 1876, therefore

*Resolved*, That a committee be appointed to consider the subject of a proposed *International Homœopathic Congress*, to be held in Philadelphia in the year 1876, and report the results of such consideration at the next meeting of the Institute.

Signed: Constantine Hering, Philadelphia; Carroll Dunham, New York; Robert J. McClatchey, Philadelphia; William Tod Helmuth, New York; Bushrod W. James, Philadelphia; I. T. Talbot, Boston; W. M. Williamson, Philadelphia; Timothy F. Allen, New York; Tullio S. Verdi, Washington, D. C.; R. Ludlam, Chicago; Pemberton Dudley, Philadelphia; E. M. Kellogg, New York; Henry N. Guernsey, Philadelphia; Henry M. Smith, New York; Seth R. Beckwith, Cincinnati; T. C. Duncan, Chicago.

On motion, the preamble and resolutions were unanimously adopted, and the signers of the document constituted the committee demanded by the resolution.

Dr. J. C. Burgher, of Pittsburg, moved that the name of Dr. Thomas Hewitt be stricken from the list of members. He stated that Dr. Hewitt was now serving out a term of imprisonment in the Western Penitentiary for committing criminal abortion. The motion was adopted.

Dr. Ludlam, the Secretary, read a communication from Dr. S. B. Barlow, of New York, the *Necrologist* of the Institute, stating that at great labor he had prepared biographical details and sketches of prominent homœopathic physicians not members of the Institute, and he wished to know whether they could be published with the report of the proceedings of the Institute.

A motion was made that the Secretary have discretionary power in the matter, which was agreed to.

The Auditing Committee reported that they had examined the accounts and vouchers of the Treasurer, and had found them to be correct. The Report of the Auditors was accepted.



It was announced that ninety-nine applicants for admission to membership had been admitted on the recommendation of the Board of Censors.

Dr. Bushrod W. James offered the following series of resolutions, all of which were unanimously adopted.

*Resolved*, That we tender our hearty thanks to Commodore Emmons, commandant at the Philadelphia Navy Yard, who so kindly tendered the Institute the delightful excursion down the harbor, and also to Captain Pierce Crosby, Lieutenant White, and Sailing Master Chadwick, in whose charge we were placed, and who made the occasion a most delightful one.

*Resolved*, That the Institute tender a vote of thanks to the presiding officers for the able and efficient manner in which their respective duties have been discharged; also to the other officers, bureaus and committees, for the faithful manner in which they have executed the duties of their offices.

*Resolved*, That the sincere thanks of this body are especially due to all the daily papers of this city for the full and impartial reports of our proceedings, which they have so kindly favored us with, as well as the editorials with which they have heralded the sessions of the Institute.

*Resolved*, That a vote of thanks be also extended to the authorities of the Mercantile Library for the free use of the reading-room and library, and to those of the Academy of Natural Sciences, Girard College, United States Mint, Pennsylvania Hospital, House of Refuge, Eastern Penitentiary, Northern Home for Friendless Children, Hospital and Museum of Hahnemann Medical College, Pennsylvania Training School for Feeble-minded Children, School of Design, Photographers' Union, Union League, and to James S. Earle, for their consideration and courtesy in extending invitations to the Institute to visit their respective institutions.

Dr. Henry M. Smith, of New York, moved, and it was carried, that a vote of thanks be tendered the Homœopathic Medical Society of Pennsylvania, the Homœopathic Medical Society of Philadelphia, the homœopathic physicians of Philadelphia, and the Executive Committee, for their hospitalities and attentions bestowed upon the members of the Institute.

Dr. Ober, of La Crosse, Wis., arose at this point, and said: We have come to Philadelphia to attend this session of the Institute feeling very sadly, because one who was wont to be with us is absent, and whose friendly smile we all have missed. I should be unwilling to adjourn without taking proper notice of the sad event. I therefore, move that a committee of three be appointed to at once report suitable resolutions expressive of the feeling of the Institute in regard of the death of our late fellow-member, Dr. Walter Williamson. The motion was unanimously adopted, and Drs. Ober, Dunham, and Cate were appointed said committee.

Dr. T. C. Duncan, of the

**BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.**

made the full report of that bureau, in which several amendments to the Constitution and By-laws were recommended to be made. A part of the report was a proposition looking to the reorganization of the Institute upon the basis of a delegated body. This part of the report gave rise to considerable discussion and opposition, and it was finally laid on the table.

Dr. Carroll Dunham then presented a series of resolutions giving formal expression of the sorrow of the members of the Institute at the death of Dr. Walter Williamson, which were adopted by a standing vote, every member rising.

Dr. Dunham then read the report of the

**COMMITTEE ON FOREIGN CORRESPONDENCE.**

It contained an announcement of the meeting of the British Homoeopathic Congress, at Oxford, in September next.

Dr. Dunham also made a brief report of the progress made by the

**COMMITTEE ON HOMOEOPATHIC DISPENSATORY,**

showing what progress had been made during the year, and giving promise of the early completion of that important work. The report also stated that, in accordance with the power vested in the committee at the meeting in Chicago, of adding two members to the committee, Drs. Constantine Hering and Robert J. McClatchey, of Philadelphia, had been added to the committee.

These reports were on motion accepted, and referred to the Committee of Publication.

Dr. Ludlam moved, and it was carried, that the words "and Diseases of Women and Children" be added to the title of the Bureau of Obstetrics.

The President, Dr. D. H. Beckwith, then announced the following as constituting the

**BUREAUS AND COMMITTEES FOR THE ENSUING YEAR.**

*Bureau of Clinical Medicine.*—S. M. Cate, M.D., Salem, Mass.; A. K. Hills, M.D., New York; D. H. Beckwith, M.D., Cleveland; J. C. Burgher, M.D., Pittsburg; J. P. Dake, M.D., Nashville, Tenn.; W. H. Holcombe, M.D., New Orleans; David Thayer, M.D., Boston; F. M. Cragin, M.D., South Dedham, Mass.; L. M. Kenyon, M.D., Buffalo, N. Y.

*Bureau of Materia Medica, Pharmacy, and Proving.*—C. Wesselhaeft, M.D., Boston; William E. Payne, M.D., Bath, Me.; E. M. Hale, M.D., Chicago; J. P. Dake, M.D., Nashville, Tenn.; Carroll Dunham, M.D., New York; H. N. Guernsey, M.D., Philadelphia; T. S. Hoyne, M.D., Chicago; W. W. Rodman, M.D., New Haven, Conn.; Theodore Baemeister, M.D., Toulon, Ill.; H. H. Baxter, M.D., Cleveland.

*Bureau of Obstetrics and Diseases of Women and Children.*—R. Ludlam, M.D., Chicago; J. C. Sanders, M.D., Cleveland; J. H. Woodbury,

M.D., Boston; T. C. Comstock, M.D., St. Louis; E. M. Kellogg, M.D., New York; O. B. Gause, M.D., Philadelphia; S. S. Lungren, M.D., Toledo, Ohio; R. B. Rush, M.D., Salem, Ohio; F. B. Mandeville, M.D., Newark, N. J.

*Bureau of Surgery.*—G. D. Beebe, M.D., Chicago; E. C. Franklin, M.D., St. Louis; B. W. James, M.D., Philadelphia; S. R. Beckwith, M.D., Cincinnati; N. Schneider, M.D., Cleveland; I. T. Talbot, M.D., Boston; William Tod Helmuth, M.D., New York; Malcolm Macfarlan, M.D., Philadelphia; James H. McClelland, M.D., Pittsburg.

*Bureau of Anatomy, Physiology, and Hygiene.*—I. S. P. Lord, M.D., Poughkeepsie, N. Y.; J. D. Buck, M.D., Cincinnati; S. H. Jones, M.D., Eaglewood, N. J.; Richard Koch, M.D., Philadelphia; S. P. Hedges, M.D., Chicago; H. F. Biggar, M.D., Cleveland; H. C. Houghton, M.D., New York.

*Bureau of Organization, Registration, and Statistics.*—W. M. Williamson, M.D., Philadelphia; H. M. Paine, M.D., Albany, N. Y.; L. E. Ober, M.D., La Crosse, Wisconsin; T. C. Duncan, M.D., Chicago; H. M. Smith, M.D., New York; E. U. Jones, M.D., Taunton, Mass.; J. A. Compton, M.D., Muncie, Ind.; W. E. Freeman, M.D., Wilmington, N. C.; W. L. Cleveland, M.D., Atlanta, Georgia.

*Bureau of Psychological Medicine.*—George F. Foote, M.D., New York; N. R. Morse, M.D., Salem, Mass.; R. F. Baker, M.D., Davenport, Iowa; R. N. Foster, M.D., Chicago, Ill.; A. R. Wright, M.D., Buffalo, N. Y.; C. G. Raue, M.D., Philadelphia; Clement Pierson, M.D., Mt. Pleasant, Iowa; J. R. Flowers, M.D., Columbus, Ohio; H. P. Hemenway, M.D., East Somerville, Mass.

*Bureau of Medical Literature.*—George E. Shipman, M.D., Chicago; C. Hering, M.D., Philadelphia; W. H. Holcombe, M.D., New Orleans; Conrad Wesselhoeft, Boston, Mass.; S. Lilienthal, M.D., New York.

*Bureau of Ophthalmology, &c.*—H. C. Angell, M.D., Boston; T. P. Wilson, M.D., Cleveland; T. F. Allen, M.D., New York; B. W. James, M.D., Philadelphia; C. T. Liebold, M.D., New York.

*Committee on Foreign Correspondence.*—Carroll Dunham, M.D., New York; I. T. Talbot, M.D., Boston; John Hartman, M.D., St. Louis; J. H. Pulte, M.D., Cincinnati; T. S. Verdi, M.D., Washington, D. C.; G. N. Seidlitz, M.D., Keokuk, Iowa; B. De Gersdorf, M.D., Boston, Mass.

*Committee on Colleges.*—H. N. Guernsey, M.D., Philadelphia; D. M. Holt, M.D., Lowell, Mass.; L. de V. Wilder, M.D., New York; L. E. Ober, M.D., La Crosse, Wis.; C. H. Haeseler, M.D., Philadelphia; Francis Woodruff, M.D., Ann Arbor, Mich.

*Committee on Homeopathic Dispensatory.*—Carroll Dunham, M.D., New York; F. E. Boericke, M.D., Philadelphia; T. F. Allen, M.D., New



York; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; C. Hering, M.D., Philadelphia; Robert J. McClatchey, M.D., Philadelphia; J. J. Mitchell, M.D., Newburg, N. Y.

*Committee on Legislation.*—T. S. Verdi, M.D., Washington, D. C.; W. H. Watson, M.D., Utica, N. Y.; G. H. Blair, M.D., Cleveland, Ohio; T. P. Wilson, M.D., Cleveland; G. M. Swazey, M.D., Springfield, Mass.

*Committee of Arrangements for next Meeting.*—T. S. Verdi, M.D., Washington, D. C., Chairman, with power to complete the committee.

A motion was made to take the report of the Bureau of Organization, Registration, and Statistics from the table, which was not agreed to.

A motion was then adopted that the Institute adjourn, to meet in Washington, D. C., on the 22d of May, 1872; and thus ended the largest meeting of the American Institute of Homœopathy ever held.

#### NEW MEMBERS ELECTED DURING THE SESSION.

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| John S. Pfouts, Wilkesbarre, Pa.       | Robert P. Mercer, Chester, Pa.         |
| E. Darwin Jones, Albany, N. Y.         | Geo. S. F. Pfeiffer, Camden, N. J.     |
| Edw'd H. Phillips, Cape May, N. J.     | Oliver J. Park, N. Chatham, N. Y.      |
| Frank L. Vincent, Troy, N. Y.          | Geo. W. Parker, Philadelphia, Pa.      |
| Norton C. Ricardo, Passaic, N. J.      | Wm. H. Neville, Philadelphia, Pa.      |
| David R. Stouffer, Chambersburg, Pa.   | Caleb S. Middleton, Philada., Pa.      |
| Richard Lewis, Philadelphia, Pa.       | Harrison V. Miller, Syracuse, N. Y.    |
| Matthew McCollum, Port Chester, N. Y.  | Wm. H. Malin, Philadelphia, Pa.        |
| Chas. H. Von Tagen, Harrisburg, Pa.    | Constantine H. Martin, Allentown, Pa.  |
| Walter H. Wentworth, Pittsfield, Mass. | William L. Mansfield, Emporia, Kansas. |
| Thomas C. Williams, Philada., Pa.      | Henry M. Lewis, Chester, Pa.           |
| Emory R. Tuller, Vineland, N. J.       | Wm. K. Knowles, Plainfield, N. J.      |
| T. Hart Smith, Philadelphia, Pa.       | Nicholas W. Kneass, Baltimore, Md.     |
| James E. Stiles, Lambertville, N. J.   | Chas. Karsner, Germantown, Pa.         |
| Augustus B. Southwick, Rome, N. Y.     | Julian H. Jones, Bradford, Vt.         |
| Joseph Shreve, Haddonfield, N. J.      | Jacob Iszard, Glassboro, N. J.         |
| Bowman H. Shivers, Haddonfield, N. J.  | Henry Hutchins, Batavia, N. Y.         |
| James S. Shepherd, Petaluma, Cal.      | Nelson Hunting, Albany, N. Y.          |
| Rufus Sargent, Philadelphia, Pa.       | Wm. F. Hathaway, Boston, Mass.         |
| Henry G. Preston, Albany, N. Y.        | James E. Hardy, Baltimore, Md.         |
| Joseph A. Moke, Windsor, N. J.         | Albert Hammond, Clear Spring, Md.      |
| Mahlon Preston, Norristown, Pa.        | Geo. H. Hackett, Fitchburg, Mass.      |
| Otto B. Poppe, Crown Point, Ind.       | Albert E. Higbee, Red Wing, Minn.      |
| H. Poweil, New York.                   | Chester G. Higbee, St. Paul, Minn.     |
|                                        | John T. Greenleaf, Oswego, N. Y.       |
|                                        | Wm. C. Goodno, Philadelphia, Pa.       |

|                                             |                                    |
|---------------------------------------------|------------------------------------|
| Richard Gardiner, Jr., Gloucester,<br>N. J. | David P. Baker, Coventry, R. I.    |
| E. W. Garbereich, Mechanicsburg,<br>Pa.     | William J. Bryan, Corning, N. Y.   |
| Benjamin F. Grant, Bath, N. Y.              | Chas. A. Bacon, New York City.     |
| Hiram R. Fetterhoff, Newville, Pa.          | Wm. J. Andrews, Newark, N. J.      |
| Walter F. Edmundson, Baltimore,<br>Md.      | Myron H. Adams, Palmyra, N. Y.     |
| Chas. B. Dreher, Tamaqua, Pa.               | Samuel E. Allen, Trenton, N. J.    |
| Olin M. Drake, Ellsworth, Me.               | Rich'd C. Allen, Philadelphia, Pa. |
| Jason W. Drake, Dover, N. H.                | Henry F. Aten, Brooklyn, N. Y.     |
| Eugene B. Cushing, Lynn, Mass.              | Calvin B. Knerr, Philadelphia, Pa. |
| Maurice J. Chase, Galesburg, Ill.           | Benj. P. Brown, Cleveland, Ohio.   |
| Ryner B. Covert, Geneva, N. Y.              | James L. Scott, Coatesville, Pa.   |
| H. P. Cole, Chicago, Ill.                   | W. Beesley Davis, Philada., Pa.    |
| Chas. H. Church, New York.                  | Smith Armor, Columbia, Pa.         |
| Geo. H. Cox, Philadelphia, Pa.              | John M. Curtis, Wilmington, Del.   |
| James M. Cadmus, Hammonds-<br>port, N. Y.   | Chas. B. Fager, Harrisburg, Pa.    |
| Nelson N. Child, Ogdensburg, N. Y.          | Sam'l R. Dubs, Philadelphia, Pa.   |
| Edward P. Colby, Malden, Mass.              | David L. Dreibelbis, Reading, Pa.  |
| Stephen H. Carroll, Albany, N. Y.           | Jacob G. Streets, Bridgeton, N. J. |
| Herbert C. Bradford, Lewiston, Me.          | Alonzo P. Bowie, Uniontown, Pa.    |
| Chas. F. Burgaman, Pottstown, Pa.           | Mercy B. Jackson, Boston, Mass.    |
| Oscar M. Bingham, Eatontown,<br>N. J.       | Harriet S. French, Philada., Pa.   |
| E. C. Beckwith, Zanesville, Ohio.           | Harriet J. Sartain, " "            |
| Aaron Baldwin, Cleveland, Ohio.             | Sarah B. Pettingill, " "           |
|                                             | Jos. R. Tantum, Wilmington, Del.   |
|                                             | William Thomas, " "                |
|                                             | Horace C. Clapp, Boston, Mass.     |
|                                             | Total, 99.                         |

#### THE FESTIVITIES.

The physicians of Pennsylvania and of Philadelphia, having united in the invitation to the Institute to meet in Philadelphia, made preparations to receive the National Association with all the honors, and most completely did they succeed in carrying out their undertakings. Thanks to the indefatigable efforts and constant supervision of the Committee of Arrangements, there was no flaw in the programme, and everything was carried out so as to fulfil its intention, viz.: to add to the comfort and pleasure of the guests. The festivities were inaugurated by the *Preliminary Meeting at Dr. Hering's*, at which all seemed to abandon themselves to the pleasures of the occasion, and a most delightful evening was passed.

#### THE EXCURSION ON THE DELAWARE.

At four o'clock on Tuesday afternoon, the members of the Institute, with their ladies, and a number of invited guests, assembled at the Navy Yard, in response to the invitation so kindly extended by Commodore Emmons, to take a trip on the placid bosom of the noble Delaware.

The fine United States Steamer *Pinta*, under the command, on this occasion, of government pilot Benjamin H. Chadwick, was placed at the disposal of the guests, and under the superintendence of General E. M. Gregory, U. S. Marshal, Captain Pierce Crosby, U. S. N., and Lieutenant Commander White, U. S. N., the party were embarked and a start effected, with three hearty cheers for the Commodore. A most delightful run was made to Red Bank Light, where the *Pinta* was put about, and its living freight of nearly five hundred persons landed to inspect Fort Mifflin. The fort appeared to be in fine order, and some very heavy guns were in position. Over the entrance to the enceinte is a notice in very large letters "No admittance for visitors," but however impregnable the fort may be on other occasions, it was certainly captured on this, and overrun by ladies and gentlemen of homœopathic proclivities. After an extended ramble round the works, the warning whistle hurried back the amateur inspectors, and the return voyage commenced at 6:15 P.M., passing close in shore for the purpose of getting a good look at the iron-clads lying off League Island. A most enjoyable trip was concluded at Chestnut Street wharf, at 7:15 P.M., the assemblage hurrying home to supper, and then to the Academy to hear the Annual Address and the poem.

#### AT INDEPENDENCE HALL.

At 9 o'clock on Wednesday morning, according to appointment, the Committee of Arrangements, with the members of the Institute, and their ladies and friends, visited Independence Hall. The various mementos of the glorious struggle for American nationality were inspected and admired. It was much regretted by all present, that owing to an imperative engagement of a public nature, his Honor, Mayor Fox, was unable to be present, and the promised address was, therefore, not forthcoming.

#### THE DRIVE THROUGH FAIRMOUNT PARK.

At four o'clock on Wednesday afternoon, a goodly company of ladies and gentlemen assembled in Parlor C, Continental Hotel, awaiting the summons to take carriages for a drive through the famous Philadelphia Park. They had not to wait long, for soon landaus and clarences to the number of one hundred made their appearance, and the whole party where soon whirling through our handsomest thoroughfares on their way to Fairmount. Greatly admiring the glorious scenery to be observed on every side, George's Hill was soon reached, where the ladies and gentleman alighted, and appeared to be much pleased with the fine view to be obtained at this point. Carriages were again taken, and Chamouni, Belmont, and other attractive points were taken on the route, the party returning to the Continental Hotel about seven o'clock.

#### THE GRAND DRESS LEVEE

given in honor of the Institute by the Homœopathic Medical Society of Pennsylvania, came off at Musical Fund Hall, on Wednesday evening,



June 8th. About eight o'clock, notwithstanding the heavy rain prevailing, the guests began to arrive, and by nine o'clock a large number of ladies and gentlemen had assembled. Carl Sentz's full orchestra was in attendance, and discoursed most eloquent music, while an excellent quartette of male voices, added their full quota to the entertainment. After promenading and engaging in the interchange of friendly greetings for some time, Dr. J. C. Burgher, of Pittsburg, addressed the assemblage in behalf of the Committee of Arrangements.

Dr. Burgher said:

MR. PRESIDENT, LADIES AND GENTLEMEN: You are assembled here this evening at the special invitation of the Homœopathic Medical Society of Pennsylvania. It was expected that the distinguished President of that organization would be present, and in behalf of the Society, as a prelude, would formally tender to the Institute and invited guests the festivities of the evening, in a short address. But most unfortunately in his unavoidable absence the honor has been assigned to me. I can do but little more, sir, than to extend to you the sincere hand of welcome [shaking hands], and through you, as its presiding officer, to welcome to this entertainment, the American Institute of Homœopathy. *Thrice* welcome to the Institute as one great national unit of scientific men—welcome to each individual member as an important integral part—welcome to all who are here to join in the festivities of this annual reunion.

I see before me representatives of most of the states of our broad and reunited country, who for a brief season have laid aside the armor of their daily conflict with disease, and have made a hasty pilgrimage to this Acropolis of medical science\*to gain additional information, and at the same time to impart their own large experience for the benefit of others. Here we are brought face to face with facts against theories, and proofs in opposition to assertions. Each recurring anniversary may be viewed as a milestone marking the progress made in all that pertains to medical science and art. Each returning year reminds us that the march of improvement is onward in every department of human knowledge. One striking feature of the age is, the immense mental activity which it has called forth. Not only the entire civilized world, but heathen India, China, and Japan have caught the spirit of progress and taken up the line of march. Those vast oriental empires, whose ages are not numbered by years, but are piled up by centuries, while isolated from the rest of the world, remained in their self-complacency of supposed perfection attained, have, by the interchange of thought, learned that no branch of human knowledge is complete, and have awakened to a nobler life and a more glorious destiny, old landmarks have been crossed, new parallels drawn, and more enlightened views established. And how is our own land affected by this commingling interchange of thoughts and minds? Books multiply, lectures epitomize, while inventions and discoveries, like Banquo's ghost, rise up before us seemingly unbidden, claiming our admiration or challenging our approval, meeting all the demands of both war and peace. Distant places are brought into proximity. Years are condensed into days, and hours are crowded into minutes, and, glory to the immortal Hahnemann, *massive* doses of medicines have dwindled into *infinitesimal* quantities.

Amid all the hurry and worry and toil of life's great battle, and the great battle for life, we need camping grounds for repose as well as fields for discipline and drill. The poet tells us that,

"Pleasure or wrong is, rightly understood,  
Our greatest evil or our greatest good."

As professional men, we all require occasional recreation, amusement, and diversion to recover our wasted energies, and add to our capital of physical endurance and intellectual vigor. We need innocent, healthful enjoyment as a relaxation from the daily routine of anxieties and cares incident to professional life—pleasures which heighten and brighten our social nature, and bid away mental depression and gloom—amusements which leave no sting in their remembrance—diversions which strengthen our moral powers, and increase our influence for good. Trusting that the interchange of kindly greetings, the renewal of professional friendships, and the participation of the joys of social intercourse, at this twenty-eighth anniversary of the Institute, may afford enduring reminiscences of pleasure to all, I conclude by again extending to you, on behalf of our State Society, a sincere and cordial welcome.

The address of welcome was responded to briefly, but most appropriately, by Dr. Daniel Holt, of Lowell, Mass., who represented the president of the Institute in his absence.

Dr. Burgher then humorously invited the audience to enjoy themselves, and, as *points of order* had been the feature of the day, *disorder* would rule on this festive evening. The exordium of the Doctor was scarcely concluded, when the enticing strains of music at once summoned the votaries of Terpsichore, and the great enjoyments of the evening commenced.

A bountiful supply of refreshments were supplied in the supper-room, to which the guests did ample justice. At a late hour the company dispersed, having fully proven that if doctors are usually grave, they can be joyous on occasions. Everything passed off in a pleasant manner, and the Homæopathic Medical Society of Pennsylvania can feel gratified in the fact that its "levee" was a success in every respect.

#### THE BANQUET

given in honor of the Institute, by the physicians of Philadelphia, came off on Thursday evening, at the Continental Hotel. It was a most sumptuous affair, served in the best style of that famous establishment, and was partaken of with great enjoyment by the four hundred ladies and gentlemen assembled.

Prior to the commencement of the *business* of the evening, Dr. H. N. Guernsey, Chairman of the Executive Committee of Arrangements, in a few appropriate remarks to the President of the Institute, tendered the banquet to the Institute on behalf of the physicians of Philadelphia.

Dr. D. H. Beckwith, the President, responded as follows:

STR: After a day spent in discussing scientific and medical topics, we are this evening invited to a change in the programme, and a social gathering seems to be the order of exercise for members of the American Institute.

The physicians of Philadelphia have made our sojourn here a pleasant and a profitable one, and no doubt it will be remembered by us for many years to come.

You may well be proud of the corps of physicians and surgeons that your state and city number. Of the former over five hundred, and the latter one hundred and seventy-five, all engaged in the practice of

homœopathy. You have in this city the first homœopathic college established in the world, and your teachers cannot be surpassed by any other medical college in America. Your medical journals, hospitals, pharmacies, and dispensaries add new strength every succeeding year to our national organization. You have contributed much valuable material to our medical literature. You have plucked from the summit of the Alleghenies, from the lowlands of the Delaware, from hill and dale, medicinal plants which our Creator has distributed around us on every side. You have taken the flower—stem, leaf, and root—and ascertained their medicinal properties and scattered their provings among the profession. Sir, you are sons of one of the noblest and wealthiest cities in the Union, honored in history as being the birthplace of freedom, honored by the homœopathic profession for establishing a medical college, where the principles and practice of homœopathy were first promulgated.

These are proud distinctions, but she deserves the *honor*, which we fully accord.

In behalf of the members of the American Institute of Homœopathy we thank you for the hearty welcome, which you have so cordially extended to us this evening.

In casting my eyes over these beautiful and bountiful tables, I see manifestations of an overflowing hospitality, but mark with pleasure the absence of wine or aught else that can cloud the intellect or cause any one of us to forget the dignity and decorum proper on this occasion.

At the close of the repast a number of sentiments were proposed, Dr. O. B. Gause acting as toast-master, and were appropriately responded to.

1st. "To the Memory of our Medical Brethren who have ceased to labor, and have entered into rest." Received by rising, and in silence.

2d. "The President of the United States." Responded to by Hon. William D. Kelley, who paid a fitting tribute to the office and the man who fills it.

3d. "*In certis unitas, in dubiis libertas, in omnibus charitas*—the triple cord that binds us together." Responded to by Dr. Carroll Dunham, who made a characteristically beautiful address, illustrative of the importance of the sentiments conveyed by the motto to all men, but more especially to homœopaths.

4th. "The Spread of Homœopathy." Responded to by Dr. William H. Watson, of Utica, New York, who demonstrated in an eloquent and impressive manner the fact that Homœopathy has grown from the germ implanted by Gram, less than half a century ago, to be a great power for good in the land.

5th. "The Daily Press—the great educator of the nineteenth century." Responded to by Thomas M. Coleman, of the *Public Ledger*, in a humorous speech.

6th. "Our Medical Literature." Responded to by Dr. I. T. Talbot, of Boston. Dr. Talbot said that if he attempted to do justice to the subject proposed, it would take him just four days to finish his speech. He exhibited a small pamphlet published by Dr. Gram, in 1825, as the beginning of American homœopathic literature; and then, as a contrast, the splendid volume of Grauvogel, as illustrative of the growth of homœ-



opathic literature. He spoke at length of those, living and dead, who had helped to create our literature, making particular mention of Dr. John F. Gray, of New York, then present, and regretted the absence of Dr. Hering. He said that our literature is as a pulse, to indicate the health of our school.

7th. "Progress and Reform." Response by Hon. James Pollock, Director of the Mint, who made a sharp speech, taking ground in favor of woman's rights as a part of the progress and reform of the age.

8th. "Medical Associations—the most pleasing agencies for disseminating medical truths." Responded to by Dr. Henry D. Paine, of New York, who made the funny speech of the evening. He said he knew he was to speak, but thought it was on some other subject, and had posted himself accordingly; and now, like some butterfly or bug, impaled by a bland but ruthless naturalist, he was compelled to spin round upon a pin that he did not think was intended for him. The fact is, he was to have spoken on the "Spread of Homœopathy," but Dr. Watson had stolen his thunder. Still he would tell them what he meant to have said, viz., that the *spreads* of Homœopathy, which he had constantly attended, had been gathering in force from half a dozen around the mahogany to the grand gathering around innumerable tables which he had now before him. It is to be regretted that Dr. Paine's speech cannot be given in full; but even if it could be, it could only be fully appreciated by those who enjoyed the quaint and genuine humor of the speaker.

9th. "Our Medical Colleges." Responded to by Dr. S. R. Beckwith, of Cincinnati, who delivered a eulogy on our educational institutions, and exhorted the physicians present to sustain them.

10th. "Our Alma Mater." Responded to by Dr. William Tod Hel-muth, of New York, as follows:

MR. PRESIDENT, LADIES AND GENTLEMEN: I rise to-night, in the presence of this august assemblage, to lay claim to a new relationship. I assert myself to be a step-son of Hahnemann, and I believe I shall be able to prove to you the absolute truth of my position.

In the year 1851, now twenty years ago, I enrolled myself as a student of the Homœopathic Medical College of Pennsylvania. She became my Alma Mater, and I one of her most unworthy sons. She rendered me every facility for acquiring a good education; and having a large and rapidly increasing family, she sent me forth to gain my livelihood, having, however, presented me with a document (which, I am happy to say, I still hold in my possession) which, in case of necessity, would prove my direct relationship to her. Shortly after this occurrence, and for reasons which I could never distinctly understand, and which I have never been enabled to draw from her or any of the younger members of the family, she saw fit to *change her name* (many young ladies, yea, and old ones too, appear to delight in similar transformations), and took that of Hahnemann.

Now I would most respectfully inquire, if my mother, being free from all marital ties, should, with all due legality of form, take upon herself the name of a man whom she has openly professed to revere and admire for years, would not that man be my step-father, and would not I be his step-son? Therefore, ladies and gentlemen, I claim, as I said before, to

be a step-son of Hahnemann, and a son of the Homœopathic Medical College of Pennsylvania. Being called upon to reply to a sentiment given in her honor, I will, with your permission, repeat to you,

### THE MEMORIES OF TWENTY YEARS AGO.

The world moves on: the years roll slowly by;  
Youth comes of age; the aged decay and die;  
New faces crowd the ever-bustling scene,  
And tell to us what we ourselves have been;  
Our oldest friends are wrinkled, bald, and gray,  
And we, advancing, grow as old as they;  
Yet—here to-night our thoughts will backward flow,  
And memories rise of—twenty years ago!

Here, where my *Alma Mater* proudly rears  
Her noble head, the pride of rolling years  
Of glory settling on her peaceful brow,  
I stand to offer her my homage now.  
First of her race who, fearless, dared proclaim  
“*Similia*” in the Master’s name!  
First of the schools that to a skeptic world  
The banner of a mighty truth unfurled!  
I love her yet, and may affection grow  
Which budded here just twenty years ago!

Ah! oft, when busy recollection plays  
’Mid bygone scenes of happy student days,  
What faces rise, familiar to the call,  
What memories all my faculties enthrall,  
What visions of that careless, motley crew,  
Who studied medicine, and mischief, too,  
Before my mind came flitting to and fro,  
Just as they used to twenty years ago.

Where are they now? Why some have risen high,  
Aiming their arrows ever at the sky.  
Some were too wayward, and have gone astray;  
Some hold the even tenor of their way;  
Some are recording an immortal name  
With gilded letters on the scroll of fame;  
Some have departed hence and laid them low,  
And some remain from twenty years ago.

Among the dead, the last lamented one,  
Whom God call’d home was Walter Williamson.  
Firm at his post, a soldier in the cause,  
Nor age, nor reputation bade him pause;  
Onward his march, in search of golden truth,  
Friend to the aged, Mentor to the youth,  
Ardent and earnest in the paths he trod—  
An honest man—the noblest work of God!  
He was my friend, and he has told me so,  
E’en when a student—twenty years ago.

Ah Alma Mater! as our hair grows gray,  
 And spirits ebbing, gradually portray  
 The march of years—we honor thee the more,  
 Connecting thee with pleasant days of yore.  
 I sought thy classic precincts, mother dear;  
 I wore thy benches smooth year after year;  
 My *tuber ischia* have ached and borne  
 A body weary and a mind forlorn,  
 While learning of our human aches and ills,  
 Which may be cured and which more surely kills.  
 I've heard from reverend lips thy precepts flow,  
 And scribbled notes *currente calamo*,  
 Laughed o'er the dead in "parlors of the sky,"  
 Carved bone and muscle, nerve and artery,  
 "Crammed" for each quiz, applauded with my feet,  
 And cut my name upon a chosen seat;  
 'Twas the right-hand corner of the second row,—  
 I cut it there just twenty years ago.

These are my sins, O mother. I avow,  
 And ask thy pardon for my foibles now;  
 And may I wish thee in the conjoint name  
 Of all thy children an immortal fame;  
 Thy portals fair may knowledge ever crown,  
 May wisdom lend thee glory and renown;  
 Forth from thy gates may truth o'erflow in streams,  
 The Sun of Progress lighting with its beams;  
 And as the years roll by we seek in turns  
 "That bourne from which no traveller returns,"  
 And other sons, upon our festal days,  
 Shall sweetly sing, O mater! in thy praise;  
 Then may *they* speak, while wit and wisdom flow,  
 Of some who met here *twenty years* ago.

11th. "The Founders of our Institute," brought out the veteran and venerable Dr. John F. Gray, of New York, one of the earliest practitioners of homœopathy in America. Dr. Gray said:

"The founders desire me to express their thanks to you for your courteous notice, and for them, as for myself, from my heart I thank you for the very kind and most affectionate deportment you have shown to us during this session. You compel us to look back upon that bright epoch in our younger time when we called this Association into being with proud pleasure: you compel us to feel, upon most cheering and conclusive testimony, that our early toils were not fruitless—that we have not lived altogether in vain. Old men are made happy by the approbation of the young; the love and reverence of those who are to succeed them is the sole nectar of refreshment for the waning forces of senility.

"In return for your friendly greeting, I say to you from your predecessors, that we are proud of you. This day's session has filled us with joy. The reports from your Bureau of *Materia Medica*, of *Obstetrics*, and of *Surgery*, tell us that the cause will go bravely on without further aid from us—that we may depart in peace with your benison and love."



The President then read a telegram from Dr. M. Cote, of Pittsburg, embodying the sentiment, "The Patrons of Homœopathy, who, by their intelligence and education, have nobly assisted its practitioners in elevating the science."

The assembly dispersed soon after midnight thoroughly satisfied with the entertainment of the evening.

#### THE INVITATIONS.

Invitations to visit the notable places and public institutions of Philadelphia, were showered upon the Institute. In addition to that extended by Commodore Emmons to visit the Navy Yard and ride in the harbor, invitations were received from the authorities of the following institutions:

Academy of the Natural Sciences, Girard College, United States Mint, Eastern Penitentiary, House of Refuge, Northern Home for Friendless Children, Hospital and Museum of Hahnemann Medical College, Pennsylvania Hospital, Pennsylvania Training School for Feeble-Minded Children, at Media, Mercantile Library and Reading Room, School of Design, Photographers' Union, Union League, and James S. Earle's Art Gallery.

#### AMERICAN HOMŒOPATHIC EDITORIAL ASSOCIATION.

The members of this Association, in attendance at the sessions of the American Institute of Homœopathy, took breakfast with the editor of the *HAHNEMANNIAN MONTHLY*, on Thursday morning, at eight o'clock, after which a meeting of the Association was held, Dr. I. T. Talbot, President, occupying the Chair.

The following gentlemen were present: I. T. Talbot, of Boston, and William Tod Helmuth, of New York, of the *New England Medical Gazette*; R. Ludlam, of Chicago, of the *United States Medical and Surgical Journal*; S. Lillenthal, of New York, of the *North American Journal of Homœopathy*; T. C. Duncan, of Chicago, of the *Medical Investigator*; T. P. Wilson, of Cleveland, of the *Ohio Medical and Surgical Reporter*; Bushrod W. James, of Philadelphia, of the *American Observer*; C. B. Knerr, of Philadelphia, of the *American Journal of Homœopathic Materia Medica*; Robert J. McClatchey, of the *Hahnemannian Monthly*, and Messrs. Bœricke and Tafel, Publishers.

The minutes of the meeting held last year, in Chicago, at which time the Association was organized, were read and approved.

Dr. T. C. Duncan then addressed the Association as follows:

MR. PRESIDENT AND BROTHER EDITORS: As Chairman of the Board of Censors of this Association, I am expected to report something to aid the advancement of medical journalism. To do that, I think it first necessary that we define the scope of medical journalism. It would seem that all should know its scope, but the views of the general profession on this point are not clear. It seems to me that the scope of medical journalism is first to aid and encourage the development of *all* departments

of medical science, and in addition to act somewhat as censors and reflectors of the views and actions of the medical profession.

I. On the first point some misunderstanding exists. Although we edit homœopathic journals, and it is our first duty to develop homœopathic therapeutics, we should now take a broader range and encourage the development of *all* branches of medicine. We should encourage the cultivation of the specialties as well as suggest ways and means for the development and completion of our *Materia Medica*. A publishing society might aid us here.

II. As to the second point, we should, in publishing medical views, discourage and discountenance medical plagiarism. Let us guard carefully the discoverers in medicine. Those not familiar with medical literature are not aware how much borrowing is done. It is too true that many views, ideas, discoveries and facts are published as original, when the credit should be given to some other person. We should not allow our contributors to use facts gleaned from allopathic sources even without due credit. Let us protect faithfully the discoverers and original minds in our ranks. To do this more effectively we should allow and encourage a free ventilation of the views published, and thereby the sooner get at the truth. If an idea or fact is true, the sooner it is so known and established the better. To attain that, and prevent the palming off upon the profession ideas, opinions and seeming facts, we should unravel them as soon as possible after publication. If true, they will stand out the clearer; if not, they will and should be hurried into oblivion. We should encourage as free discussion in our journals as we do in our societies. It should be conducted kindly and with liberality. The claims to originality and soundness of views will not be so recklessly made if the writer knows that his sayings will not pass unchallenged. False ideas, views, and facts will not, they cannot, gain the foothold they would if we shut out free discussion. Upon this point I have had much annoyance. It has been so unusual for a writer's ideas to be criticized, that when it has been attempted it has at once drifted into personalities. With such a past history, I find it very hard to get writers to discuss and criticize the subject. On the fundamental principles we should stand firm as a rock.

It also becomes at times our painful duty as journalists to review and even censure the public acts of the medical profession. I look upon this duty as a delicate one, and still one of great importance and responsibility. It may not be pleasant, but we have to look to the general interests of our cause and the profession. "The greatest good to the greatest number" should be our guide. I know it is a very disagreeable and thankless undertaking to censure the acts of our professional brethren; still it comes, I think, within the scope of our duty. To epitomize these views for the benefit of our readers I would offer the following resolution:

*Resolved*, That we deem the scope of medical journalism to be; first, to aid and encourage the development of *all* branches of medical science, and second, to act as censors and reflectors of the views and public actions of the medical profession.

The resolution submitted by Dr. Duncan was amended by striking out the words "censors and," and adopted as amended.

After an interchange of views on various subjects connected with homœopathic medical journalism, the Association elected officers to serve during the ensuing year, as follows: President, I. T. Talbot; Secretary, R. J. McClatchey; Censors, T. C. Duncan, W. T. Helmuth, R. J. McClatchey.

Dr. S. Lilienthal was appointed the delegate to represent the Association in the American Institute of Homœopathy.

The Association then adjourned, to meet at the time and place of the next meeting of the Institute.

#### AMERICAN ASSOCIATION OF HOMŒOPATHIC PHARMACEUTISTS.

A meeting of this organization was likewise held during the session of the American Institute of Homœopathy, on Friday, June 9th, at the pharmacy of F. E. Boericke, No. 635 Arch Street. Present: J. T. S. and H. M. Smith, of New York; A. H. Worthington, of Cincinnati; F. E. Boericke, of Philadelphia, and A. J. Tafel, of New York.

The report of the treasurer, F. E. Boericke, was read and accepted. After which, there being no business to be transacted, a conversational meeting was held.

The Association finally adjourned to meet within two years, at the call of the president. The officers, who hold over, are: *President*, A. H. Worthington; *Secretary*, H. M. Smith; *Treasurer*, F. E. Boericke.

#### THE "VETERANS."

##### REUNION OF THE FOUNDERS OF THE INSTITUTE.

An interesting episode in the history of the last session of the Institute is worth recording.

Some time previous to the meeting, the following circular was distributed among the original members of the Institute, as far as they were known:

DEAR DOCTOR: The American Institute of Homœopathy has almost completed the twenty-seventh year of its useful existence. Of the small but devoted band who united in its first organization, only about one-half are known to be yet living. Each year we note the loss of some familiar names from its list of members, and the gradually lengthening roll of the honored dead.

Of those who survive, some, by reason of age and physical infirmities, have been debarred from regular attendance for many years, or precluded from taking their former active share in the proceedings. A few whose presence was once a feature of each recurring session are no longer seen at our meetings.

Nevertheless, in the hearts of all there doubtless dwell the same sentiments of mutual sympathy and fraternity, and the same spirit of devotion to the good cause that in former years drew so many of us, with alacrity, to the annual reunions of the Society, and which even now only need the opportunity to be quickened to something of the old enthusiasm.

The approaching session of the Institute, about to be held in Philadelphia, seems to offer such an opportunity. The convenience of the



place of meeting, and the prospect of a large and earnest assemblage, will doubtless attract a fuller attendance than usual of the older members; and a desire has, in consequence, been expressed, that advantage should be taken of this favorable circumstance to bring together, once more, as many as possible of the founders and first-year members of the Institute.

As one of the original members, you are cordially invited to join in the proposed reunion of the "veterans," during the next session of the Institute. The anticipation of such a renewal of old associations, the rekindling of smouldering memories, and the revival of time-honored friendships, as is suggested, is worth some effort to realize; and it is hoped that all included in this invitation will feel interested in bringing it to a successful result.

It is proposed that all who can, shall attend the social reception at Dr. Hering's, 112 North Twelfth Street, on Monday evening, June 5th, when arrangements will be made for a more formal meeting.

If, unfortunately, you should be unable to be present in person, let us, at least, receive some communication from you.

Letters may be addressed to Dr. H. D. Paine, 227 Fifth Avenue, New York.

CONSTANTINE HERING,  
JOHN F. GRAY,  
SAMUEL B. BARLOW,  
HENRY D. PAINE.

May 20th. 1871.

This urgent appeal had the effect of drawing to the Philadelphia meeting an unusual number of the original members, attracted by the same desire to renew the greetings, and to enjoy, once more, the happy associations of former years; while others who from distance, or other causes, could not themselves attend, sent messages of regret for their unwilling absence, filled with tender sentiments towards their living and deceased colleagues.

Some of those present on this invitation have, for many years, been so seldom seen at the Institute meetings, that their faces, though not their names, were quite unfamiliar to many of their younger associates. It was pleasant to see so many of them still in a good state of preservation, and able to take an active interest in the business of the session, and participate with zest in the social and hospitable cheer provided by their Philadelphia brethren.

Quite a number of the "veterans" were present at the preliminary reception at the house of their honored colleague, Dr. Hering, and it was then agreed that on another day during the session, they would hold a meeting "all by themselves," and the Philadelphia members were intrusted with the duty of making the arrangements.

This "side show" took the shape of an early breakfast on Wednesday

morning, the 7th of June, at the residence of the venerable Dr. Jeanes, as the best way of combining business with social enjoyment, and as least likely to interfere with attendance upon the sessions of the Institute.

On this occasion Dr. Jeanes was requested to take the chair, and Dr. H. D. Paine acted as Secretary.

Upon calling over the roll of members entitled to admission, the following were found to be in attendance: Drs. John F. Gray, Constantine Hering, Jacob Jeanes, A. S. Ball, H. Detwiler, S. Gregg, P. P. Wells, G. W. Swazey, F. R. McManus, H. H. Cator, Walter Ward, and H. D. Paine.

Letters were read from Drs. S. B. Barlow, B. F. Bowers, J. H. Pulte, and D. S. Kimball, heartily commending the object of the call, and expressing regret at being hindered from the meeting. Verbal messages from several others, of the same purport, were also presented.

The proceedings of the first meeting in 1844, were read from the first volume of the Transactions of the Institute, which elicited remarks, chiefly of a retrospective character, from nearly all the gentlemen present.

The following resolution was then adopted:

*Whereas*, The American Institute of Homœopathy, at its first meeting voted that all homœopathic physicians who should join the Society previous to 1846, should be received and considered as original members; therefore,

*Resolved*, That all such members be invited to join in any future meetings of the founders.

On motion, it was also determined that this "reunion of the founders" be repeated annually, at each session of the Institute, and that the Secretary be requested to give due notice of each intended meeting.

After some discussion on the objects and purposes of the "reunion," the revisal of the list of members, and the determination of certain dates, &c., in the early history of the Institute, the regular proceedings terminated.

Another hour, however, was agreeably spent in personal narrations and reminiscences, connected with the introduction and early history of homœopathy, and in mutual congratulations on the rapid growth and prosperous condition of the Institute, which they had assisted in organizing twenty-seven years before.

A registry of the deceased founders was read, and various interesting remarks were offered as their names were successively announced. To secure a just commemoration of their departed colleagues, will doubtless be one of the duties of the surviving founders.

The name of the late Dr. Walter Williamson, of this city, recalled the fact that the calling of this meeting was in a large degree owing to his suggestion, and that its assemblage was looked forward to by him with the greatest interest.

With mutual interchange of friendly expressions, and thanks to their hospitable host and hostess, the meeting reluctantly adjourned.

In consequence of the loss of the manuscript record of the first meeting of the Institute, no complete roll of the original members has been preserved. The following list is supposed to be nearly correct. It is published, however, in the hope that any mistakes or omissions will be supplied. The secretary of this meeting, Dr. H. D. Paine, will be thankful for any information calculated to make it more exact.

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Alonzo S. Ball, New York.           | F. R. McManus, Baltimore, Md.      |
| Samuel B. Barlow, " "               | James Mairs, New York.             |
| J. C. Boardman, Trenton, N. J.      | Charles F. Manchester, Pawtucket,  |
| B. F. Bowers, New York.             | R. I.                              |
| *Richard S. Bryan, Troy, N. Y.      | *J. Merrill, Portland, Me.         |
| H. H. Cator, Kingston, N. Y.        | Charles Neidhard, Philadelphia.    |
| *William Channing, New York.        | Henry D. Paine, New York.          |
| Luther Clark, Boston, Mass.         | John A. Paine, Lake City, Ill.     |
| Lyman Clary, Syracuse, N. Y.        | *John Payne, Belfast, Me.          |
| *George W. Cook, Hudson, N. Y.      | William E. Payne, Bath, Me.        |
| Henry C. Detwiler, Easton, Penn.    | *J. R. Piper, Washington, D. C.    |
| J. F. Flagg, Boston, Mass.          | J. H. Pulté, Cincinnati, O.        |
| *Eberhard Freytag, Bethlehem, Pa.   | *James M. Quin, New York.          |
| Milton Fuller, Boston, Mass.        | *Albus Rea, Portland, Me.          |
| Richard Gardiner, Philadelphia.     | Horatio Robinson, Auburn, N. Y.    |
| John F. Gray, New York.             | J. Schmidt, Baltimore, Md.         |
| Samuel Gregg, Boston, Mass.         | *H. Sherrill, New York.            |
| *J. C. Gozewich, Wilmington, Del.   | Charles H. Skiff, New Haven, Conn. |
| Constantine Hering, Philadelphia.   | G. W. Swazey, Springfield, Mass.   |
| *Eben Hall, Boston, Mass.           | *John Taylor, New York.            |
| *A. Gerald Hull, New York.          | Isaac M. Ward, Newark, N. J.       |
| *E. Humphreys, Utica, N. Y.         | Walter Ward, Mount Holly, N. J.    |
| *William Ingalls, Worcester, Mass.  | C. M. Weld, Boston Highlands,      |
| Jacob Jeanes, Philadelphia.         | Mass.                              |
| Daniel Janney, Purcell's Store, Va. | P. P. Wells, Brooklyn, N. Y.       |
| *Benj. F. Joslin, New York.         | Ferdinand L. Wilsey, New York.     |
| David S. Kimball, Sackett's Harbor, | A. D. Wilson, New York.            |
| New York.                           | *Walter Williamson, Philadelphia.  |
| *George Lingen, Mobile, Ala.        | *Clark Wright, New York.           |
| Adolph Lippe, Philadelphia.         |                                    |

#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

##### DEATH OF SILAS S. BROOKS, M.D.

This Society has again been called upon to mourn the loss of one of its most active and highly esteemed members, Dr. Silas S. Brooks, who died July 3d of pulmonary hemorrhage, aged 55 years. Dr. Brooks was one of those rare characters, whose gentle nature and kindly manners

\* Deceased.



endeared him to all who knew him. He graduated at the Jefferson Medical College, Philadelphia, in 1846, and, after practicing as an old school physician for about ten years, he investigated the claims of Homœopathy as a system of medical practice, adopted it, and continued in active practice until within a short time prior to his death. While practicing allopathy, he was lecturer on Physiology to the Franklin Institute during four years. In 1860 he accepted the chair of Theory and Practice in the Homœopathic Medical College of Pennsylvania, and was elected Dean of the Faculty, both of which positions he filled for four years. Few men were more beloved or will be more sincerely mourned than Dr. Brooks.

On Wednesday afternoon, at 2½ o'clock, the members of the Philadelphia County Homœopathic Medical Society met at the College building, in order to give expression to their sorrow at the loss of a member so highly regarded as was Dr. Brooks. Dr. Jacob Jeanes, President of the Society, presided. On taking the chair, Dr. Jeanes said:

FELLOW MEMBERS: Recent indisposition has prevented me from thanking you at an earlier period for the honor which you have conferred upon me, in electing me to preside over our deliberations. Knowing your kindness of intention, I accept the situation with gratitude, and will endeavor to fulfil the duties of the office to the best of my ability.

This is the first opportunity I have had for acknowledging your kindness, and it is painful to me that it happens at a time when we have met on so sorrowful an occasion. The loss of Silas S. Brooks, M.D., who was both a faithful attendant and useful member of our Society, will be keenly felt by all.

Dr. O. B. GAUSE then offered the following preamble and resolutions, which were unanimously adopted:

*Whereas*, By the disposition of an inscrutable but all-wise Providence, we are called to mourn the death of our highly esteemed medical friend and brother, Dr. Silas S. Brooks, the remembrance of whose personal friendship and professional fellowship we will not cease to cherish. Therefore,

*Resolved*, That our Society has lost a most valuable member, and its individual membership a gentle, reliable, and upright friend.

*Resolved*, That we tender to his bereaved family our sincere sympathy; and, as a mark of our respect, we will attend his funeral in a body.

*Resolved*, That a committee be appointed to prepare a memoir of our deceased brother, for our Society, and that the action of this meeting be published in the *Hahnemannian Monthly*, and that the secretary be authorized to send a transcript of these resolutions to the family.

Drs. Gause and Dudley were appointed the committee to prepare a memoir of Dr. Brooks, as provided in the resolutions.

The Society then adjourned.

ROBERT J. MCCLATCHEY,  
Secretary.

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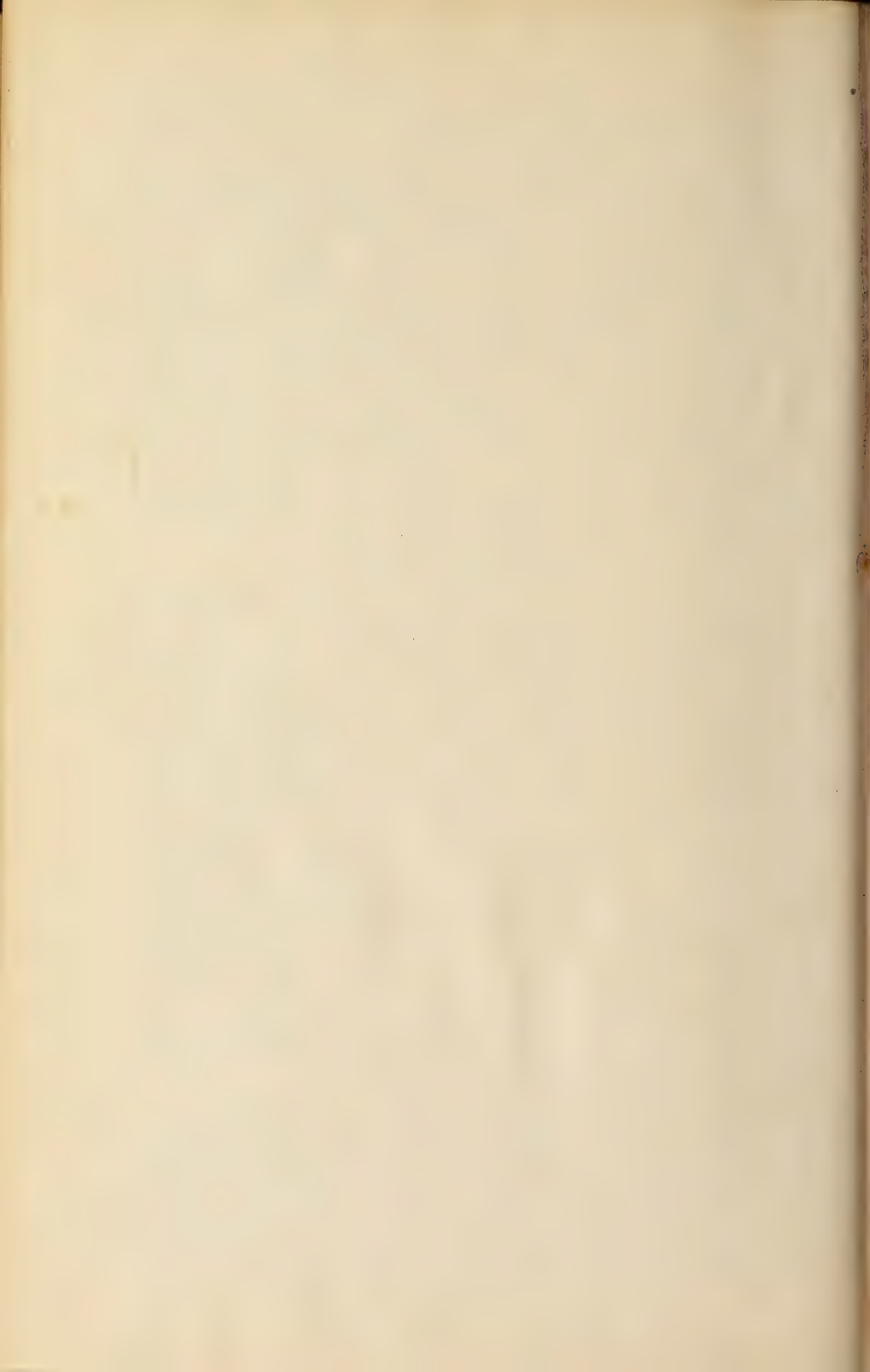
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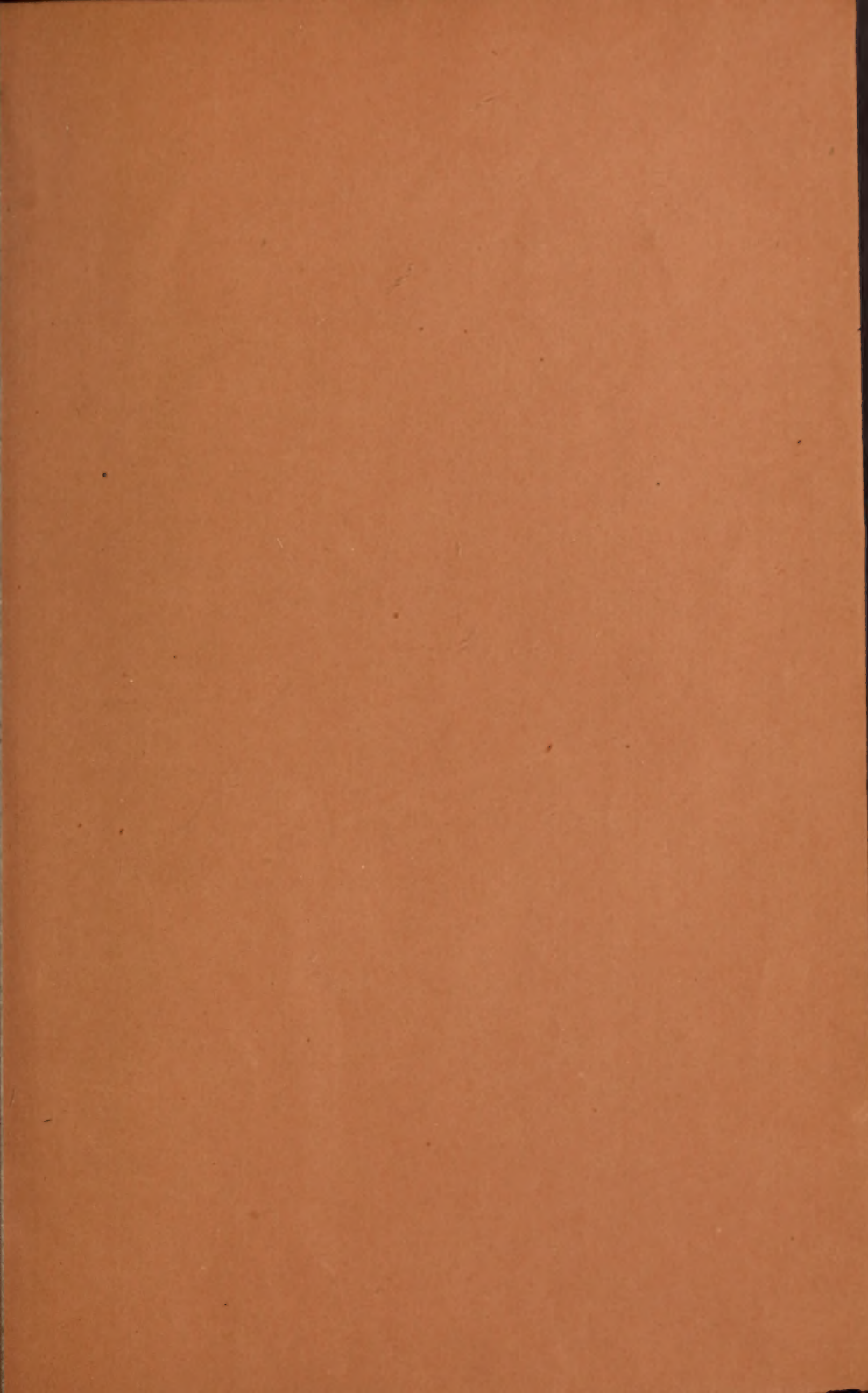


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